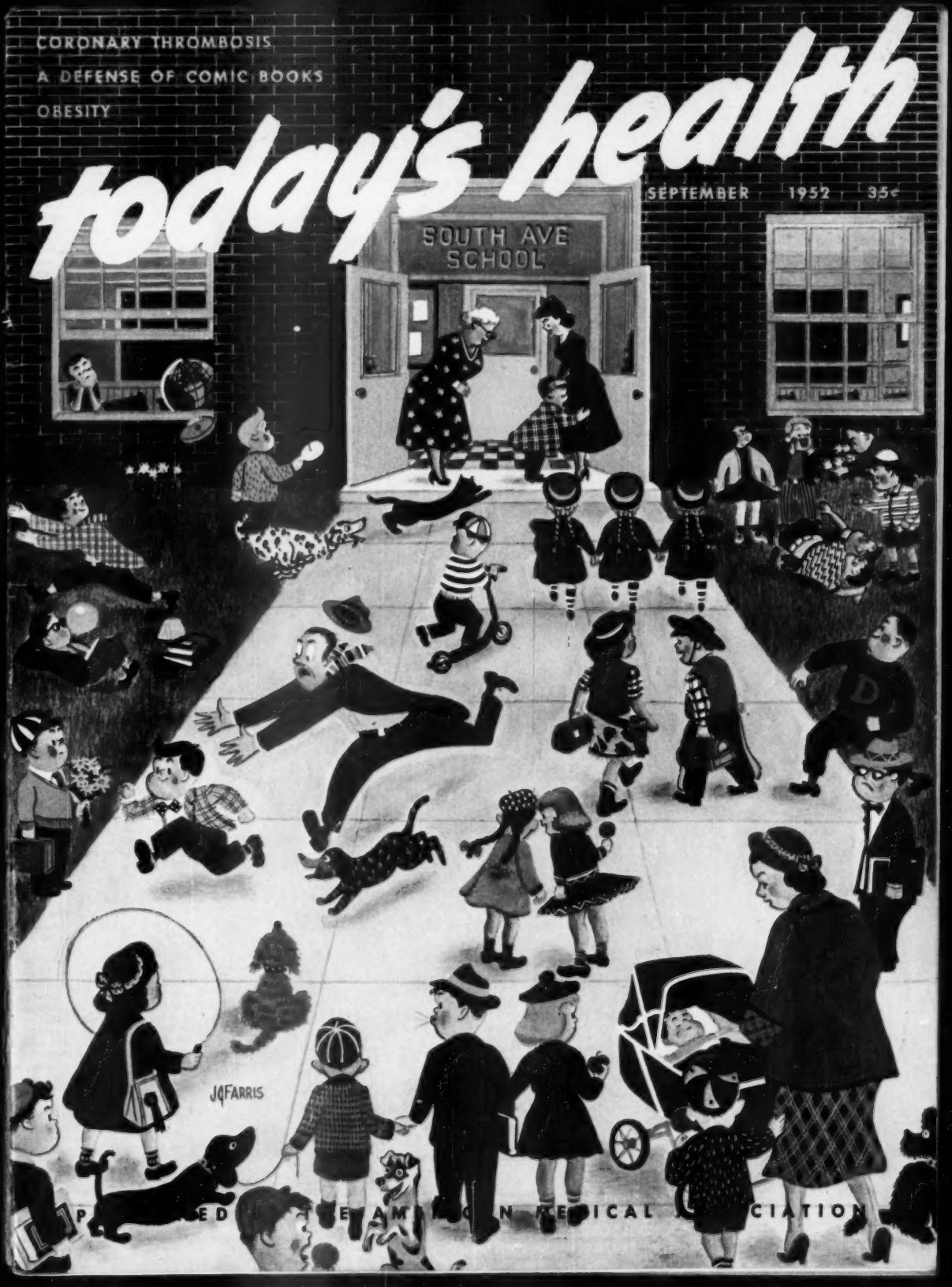
CORONARY THROMBOSIS

A DEFENSE OF COMIC BOOKS

OBESITY

today's health

SEPTEMBER 1952 35¢



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SEPTEMBER 1952

today's health contents

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A PLATFORM FOR TODAY'S HEALTH

Clean air over our cities
Public health services for every county
Voluntary sickness and hospital insurance for all self-supporting people, and community aid for those in need
Clean, wholesome food and drink for everybody
Health education and health protection for every child in school
Physical education adapted to the age and capacities of every child
A family doctor for every family
A fight against fraud and quackery

TODAY'S HEALTH is dedicated to this platform, in harmony with the 12 point Health Program of the American Medical Association. These objectives are immediate focal points toward which the policy of TODAY'S HEALTH is specifically directed.

TODAY'S HEALTH is published monthly by the American Medical Association, 535 N. Dearborn Street, Chicago 10, Ill. Yearly subscription price, $4.00; for foreign postage add 75c. Single copies 35 cents. Volume 30, Number 9. Entered as second-class matter March 31, 1925, at the postoffice at Chicago, Ill., under the Act of March 3, 1879. Additional entry at Dayton, Ohio. Acceptance for mailing at special rate of postage provided for in Section 1.103 Act of October 3, 1917, authorized March 31, 1925. Printed in U.S.A.

On Milk Alone?

Question. How many quarts of milk per day would a middle-aged laborer require during the summer if he lived on milk exclusively for several weeks? Missouri

Answer. We would not advise anyone to take only milk for any length of time. Milk does contain many of the nutrients required by man, but some can be obtained only from other sources. About five quarts of milk would supply the daily requirement of calories for a moderately active man, but they would not give him an adequate diet.

Edema or Dropsy

Question. Is edema the same as dropsy? What causes fluid to collect in the tissues? Is there any cure for it? Ohio

Answer. Edema and dropsy are considered virtually interchangeable terms, although the word dropsy is used more commonly in lay discussions. It is perhaps a slightly more inclusive designation, since it refers to excessive accumulation of fluids not only in tissue spaces but also in various body cavities, especially the abdominal cavity. Edema is defined specifically as intracellular accumulation of body fluids. Edema has numerous causes. Perhaps the most common is failing heart action. As the heart becomes unable to pump blood through the arteries and veins at customary speed, fluid escapes from the blood vessels and accumulates in the tissues. This is observed most commonly in the feet and legs, especially if the patient is standing. If heart action can be improved, the edema will clear up. Medicine to increase urine excretion is often administered to stimulate removal of the fluid. Edema that is caused by blockage of normal return flow of blood in the veins can often be relieved by removing the obstruction or directing the blood flow through some other venous channel.

Yeast as a Food

Question. Can you tell me whether there is any value in brewer's yeast as a food? Virginia

Answer. Brewer's yeast is a good source of some of the B vitamins, phosphorus and iron. If one likes its taste, it can be used to introduce variety into the diet. An adequate, sufficiently varied diet will, however, supply these nutrients without the necessity of taking yeast. It may be considered more in the nature of a supplement than a food.

Reducing the Abdomen

Question. Please recommend a method of exercise to reduce protrusion of the lower abdomen. I have reduced my weight considerably, but still have almost as much of a "stomach" as I ever had.

Florida

Answer. It is quite possible that prominence of the lower abdomen may be due in part to loss of muscle tone. Perhaps workouts in which such muscles are used would be of some assistance. They cannot, however, be recommended casually. It would probably be best to talk it over with your doctor and let him decide what exercises would be most satisfactory. One can cultivate the ability to hold the abdomen in proper position by tensing the muscles when walking or standing. The fat accumulation that undoubtedly contributes to the prominence can be removed only through a continuation of your general weight-reduction program. It is unfortunately true that this is one of the body areas in which stored fat tends to remain most persistently. In extreme cases, surgical removal of the fat is sometimes employed, but this cannot be recommended routinely.

Carbon Dioxide Treatment

Question. I should like to know whether the new carbon dioxide treatment for nervous or emotional tension is considered satisfactory. Is it harmful in any way?

New York

Answer. Scientific reports in medical publications indicate that the use of carbon dioxide inhalation may be of considerable value in properly selected cases. It is not considered harmful, but of course it must be done under medical supervision. Psychiatrists are best qualified to administer it and to carry out the necessary follow-up treatment.

The Heart's Job

Question. I have often wondered how it is possible that the heart, the only organ in the body that never rests, can possibly keep on working so steadily for an average lifetime of 60 or 65 years. If I try making a fist every time the heart beats, my hand gets tired in just a few minutes. What's the answer?

North Dakota

Answer. Inherent qualities in heart muscle undoubtedly make it less likely to tire. Under the microscope, the muscle displays a pattern different from that of smooth or voluntary muscle, like that in the fist. And, though the heart does beat steadily, actually it gets what is apparently sufficient rest between the contrac-

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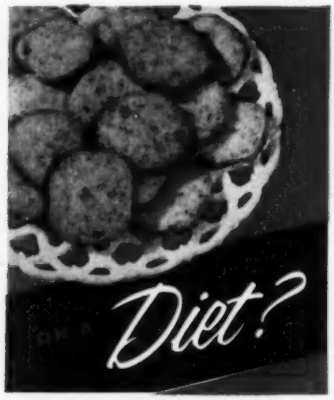

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NUT COOKIES*

Makes 24 cookies. Each cookie contains: protein, 0.8 Gm.; fat, 5 Gm.; carbohydrate, 4 Gm.; calories, 64. Calories if made with sugar: 98. Calories saved: 34.

10½ SUCARYL tablets	½ cup butter or margarine
1 tsp. orange juice	½ cup chopped walnuts
1 cup sifted all-purpose flour	½ tsp. vanilla
¼ tsp. baking powder	1 tsp. grated orange rind

Crush Sucaryl tablets and dissolve in the orange juice. Sift dry ingredients. Cream butter or margarine with orange juice; add dry ingredients and blend thoroughly. Add walnuts, vanilla and rind. Form into a roll and wrap in wax paper; chill. When thoroughly chilled, slice and bake in a moderate oven (375° F.) for 12 to 15 minutes or until lightly browned.

*One of many recipes from the booklet, "Calorie Saving Recipes," which you may obtain without charge from your druggist, or by writing Abbott Laboratories, North Chicago, Illinois.

tions that pump the blood through the body. This is what is referred to as diastole, when blood moves by gravity from the distended auricles or upper chambers into the just emptied ventricles or lower chambers. Although the pause is brief, it probably totals about 12 hours each day.

Lemon Juice

Question. Is there any special merit in lemon juice as compared with other citrus juices? West Virginia

Answer. Lemon juice can serve as a good source of ascorbic acid (vitamin C). Pure lemon juice has slightly more vitamin C than does orange juice. However, because of the high citric acid content of lemon juice, it is usually diluted before being consumed, and appreciably greater amounts of the diluted fluid must be taken to obtain sufficient vitamin C. The amount of dilution will determine this.

Plastic Dentures

Question. I am interested in a clear plastic for use as a dental plate. Would this have any advantage over the colored types so far as general appearance and stability are concerned? North Carolina

Answer. There have been remarkable improvements in plastic materials for artificial dentures in recent years. The material known as "acrylic" is produced in clear and colored form. Occasionally dentists find it necessary to use clear acrylic in the part of the denture that covers the plate. The colored acrylic is more suitable for the front part of the mouth because it is much more lifelike. In fact, it is very difficult in most instances to distinguish the colored acrylic from the natural gum tissue.

Vitamin C

Question. What is the normal daily vitamin C requirement in ounces for an adult? Florida

Answer. The National Research Council recommends that an adult get 75 milligrams of ascorbic acid (vitamin C) per day. This is a little over one four-hundredth of an ounce.

Calcium for Teeth

Question. Can you tell me whether it would help protect my teeth against decay if I take calcium tablets every day? Is there less chance of decay if one uses natural sweets such as honey or pure maple syrup instead of refined and processed sugar products? Pennsylvania

Answers given here are limited to brief replies to specific questions. Full discussion is not intended. Questions involving diagnosis or treatment should be referred to the family physician. Dental inquiries are answered through the cooperation of the American Dental Association.

Answer. According to certain authorities, the best form of calcium is that which comes from our daily diet. If a child receives a quart of milk daily and an adult a pint, with due attention to a well balanced diet including meat, fish, cereals, vegetables, fruits and fruit juices, all the normal calcium and phosphorus requirements will be met. Additional calcium will have no effect on tooth decay.

Dental authorities have shown that so far as tooth decay is concerned there is little difference between natural and refined sugars.

Eye Shadows

Question. I am much disturbed by the fact I have dark rings under my eyes practically all the time. They are worse when I am tired. I have had frequent medical examinations; my doctor tells me that my physical condition is good, and that I should not worry about my eyes. But I can tell that people think there must be something wrong with me, and someone once told me that the circles are a sign of a dissolute life. Is there anything I can do? Georgia

Answer. As your doctor has indicated, this type of discoloration usu-

ally has no significance. According to a discussion that appeared recently in the *Journal of the American Medical Association,* it is due to a combination of natural circumstances. The skin in this area is thin, and there is a collection of rather large veins immediately beneath the surface. Under stress, when one is worn out, there may be some slight passive congestion in the circulation, and this will make the venous channels more prominent. Paleness of the face may exaggerate the area of darkness. The basic factors contributing to the condition are believed to be in part hereditary, and it is not uncommon for several members of a family to present a similar appearance. It is not believed that any treatment is indicated if the health is good. In chronic illness or severe attacks of acute diseases, the darkness may be intensified and even extend to the upper lids. There seems to be a change in the public attitude regarding this condition. Not so long ago, many women applied cosmetic preparations to the area in a deliberate attempt to produce a shadow effect and increase their attractiveness, or at least that's what they thought.

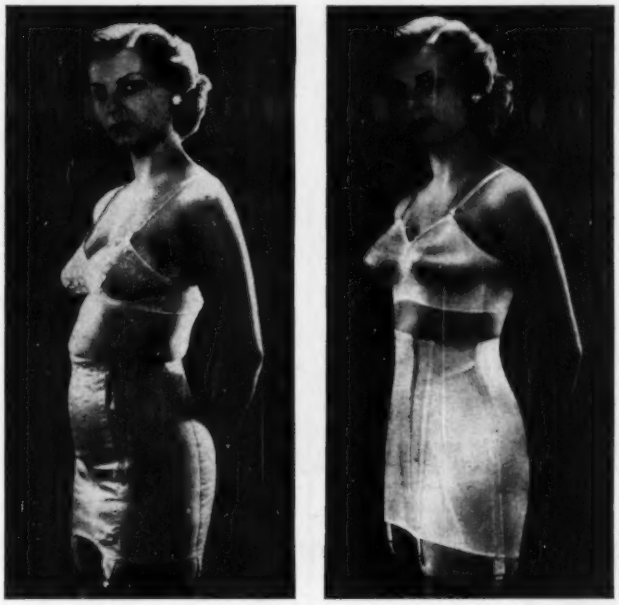
What Is "Organic-Water"?

Question. In freshly extracted vegetable juices, the water is spoken of as organic-water. If these juices are frozen (quick-freeze) are the organic atoms destroyed?

Montana

Answer. We are not familiar with the term "organic-water" in the composition of freshly extracted vegetable juices. This is not a scientific term and it sounds to us as if it might be one of the vague pseudo-scientific phrases used by food faddists. Quick-freezing would not affect the nutritive value of vegetable juice. Vegetable juices contain the water-soluble nutrients of the vegetable from which they are made and may be used to add variety to the diet. But if a person's teeth and digestive system are normal there is no necessity for making purées and juices out of every article of food in the diet.

for your health's sake-
make the most of your figure!

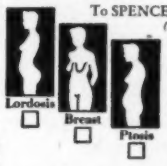


This woman's figure imperfections are threats to *health* as well as *beauty!* "Swayback" tilts the pelvis forward—impairs functioning of vital organs and nerves. Breast sag slows down the circulation—can lead to serious breast diseases. And ordinary supports—like those shown—do little to improve appearance *or* health!

How different this woman looks—and feels—in her Spencers! Spencer helps stabilize the pelvis, supports organs in normal position for better functioning, relieves tired back, prevents breast sag. Ask your doctor about Spencer to improve *your* posture. For your health's sake, make the most of your figure—with Spencer!

Your light, comfortable Spencers will be *designed, cut, and made*—for you alone—from detailed measurements and description of your figure. That is why Spencer is *the* support guaranteed NOT to lose its shape.

MAIL coupon below—or PHONE a dealer in Spencer Supports (see "Spencer Corsetiere," "Spencer Support Shop," or Classified Section) for information.



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Coming in today's health

IS THE ATOMIC AGE UNFIT FOR BABIES?

By Lawrence McCracken

Bring an innocent baby into our upset world? The feeling that it would be unfair, or even wicked, is unfortunately common. But do you know of a time when there was no threat over mankind? And today's unhappy headlines are only one side of a picture that in many aspects was never brighter. If you or some couple you know are wondering what's ahead for children of the atom age, you'll be interested in this cheering but realistic appraisal.

HOPE IN "HOPELESS" CANCER

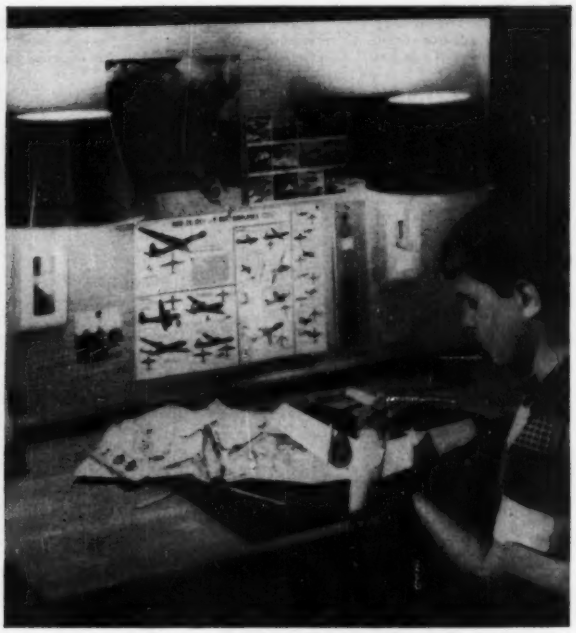
By Paul de Kruif, Ph.D.

In the May *Today's Health*, Paul de Kruif began a series of reports on new developments in medicine from laboratories and research studies everywhere. It proved immediately popular—and helpful. Next month he will give news of successful experiments to control far-advanced breast and prostate cancer; and in coming months he'll give startling new facts on the place of milk in children's diet; and reassurance for people with seriously disabled hearts who wish to continue useful work.

TONSILLECTOMY AHEAD?

By Peggy Hoffmann

Help your child face it cheerfully. It's usually his first venture into the strange hospital world. Whether he is frightened or cooperative will depend a great deal on you. Along with suggestions on how to prepare the young patient and see him through convalescence, the author tells something of the latest techniques of the operation and hospital procedure.



Just two lamps and a tape measure make this difference

GOT a little squinter in *your* house soon to go back to school? Maybe these pictures will open his eyes (and yours).

You can see what's wrong on the left: glare and black shadows.

But what makes the difference on the right? Not just the two pin-up lamps, or the bulbs that are in them. It's *where they're located,* too! That's General Electric Light Conditioning: the *right bulb,* in the *right lamp,* in the *right place!* And that's where the tape measure comes in. The Light Conditioning recipe above at right calls for:

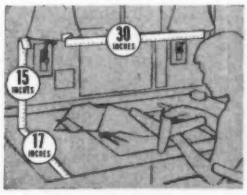
1. Two pin-up lamps—for all-over light and to free desk top.

2. Two General Electric 100-watt White bulbs—for lots of light with less glare, fewer shadows.

3. Lamp locations (see details below at left) that spread the light but shield the eyes.

Result: about 40 foot-candles of glare-free light. Just right to work by, for grown-ups or kids.

FREE! For your copy of "See Your Home in a New Light", General Electric's new "Light Conditioning" recipe booklet, write General Electric, Dept. 166-TH-9, Nela Park, Cleveland 12, Ohio.



FOLLOW MEASUREMENTS above to locate your pin-up lamps over your own desk. Shade bottoms should be 10 inches across, their depth 6½ inches. Avoid dark colors.

SOFT LIGHT. New G-E White bulb has inside "Q" coating. All-over bright, it cuts glare and gives softer, more evenly spread light. In 60 and 100-watt sizes.

CHOOSE YOUR BRIGHTNESS. The G-E 100-200-300 watt 3-lite lamp gives you three brightness levels, and has the "Q" coat for softer shadows, less glare.

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INNERGUIDE HEELS resist "running over"... young feet can tread straight.

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IMPORTANT
Be sure to have your physician check your youngster's feet regularly.

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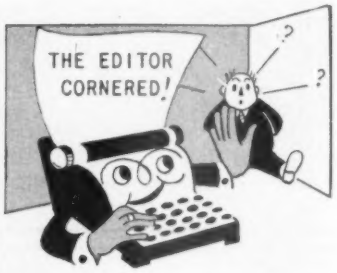

AT DETROIT, while attending the summer meeting of the National Education Association, the Editor's attention was drawn to a plastic model of an automobile engine, displayed in a hotel lobby. All its working parts moved slowly in demonstration of the principle on which an internal combustion engine operates. It was built entirely of plastic, so that all parts were visible. Within the clear, colorless motor block, the engine parts were distinguished by a brilliant variety of colored plastics. The whole process was (literally) crystal clear. Immediately there flashed into mind the transparent woman on exhibit at the Cleveland Health Museum and the beautiful transparent plastic figure of the pregnant woman at the Chicago Museum of Science and Industry. Many ingenious mechanisms make up the modern automobile engine, giving it long wear, low upkeep and magnificent performance. Even greater are the wonders of the human body, in which there is not only mechanism but chemistry—and life.

• • •

FROM A HUGE CONVENTION of educators in Detroit, the Editor went to a local workshop in Moline, Ill., a typical grassroots conference where the big decisions made by national conventions are translated into reality. Here, by intensive group study, the problems relating to health in schools are tackled and really solved. This workshop was engaged in evaluating health education. What have we accomplished? Are people really healthier than they used to be? Are their attitudes more enlightened? Well, the Editor asked this group of well-informed educators, "What was once known as a baby-killer?" No one could answer. "Baby-killer" was the name applied by the A.M.A. Bureau of Investigation and other

agencies around 1900 to the opium-laden soothing syrups that used to be openly for sale in all drug-stores. Many a mother employed them to make her baby sleep. Sometimes this sleep became permanent. Today, even the name is almost unknown. That's progress.

Another "evaluation" of health education is the very school building in which the meetings were held. It is an elementary school all on one floor with numerous direct doors to the playground—no firetrap. The lighting is by large windows for the classrooms and set-back windows in the roof to make the corridors as light as the rooms. In each schoolroom are plenty of lockers and storage spaces, clothes hangers and separate toilet facilities, resembling bathrooms at home rather than the usual type of public facility. Two-way radio communication connects the office with all classrooms, and any radio program (educational, current events and so on) can be used right in the classroom. There are fine large playgrounds, with separation of groups according to age and size. Excellent food is served in a well equipped cafeteria, and there is a gym with a stage which can double as an auditorium. The public health nurse has a well equipped room.

Ah, you may be thinking, that's only the newest and the best; what of all the old schools? When I admired this fine new building, the principal said with a touch of wistfulness, "Yes, it's wonderful. But I loved the old building, too—we did a lot of good work there."

In days past, the Editor labored for years with makeshift facilities to procure a fine set of offices, laboratories and clinic rooms for the Racine Health Department, and six months after moving into them resigned to tackle another job. It isn't the fine offices and the wonderful structures that make a program. They help. But the real work is done by conscientious people who labor, whatever the facilities, to do a job of work.

It is just because we do have people like that—in medicine, in public health and in education, that neither the Editor nor the nation can long remain . . . CORNERED.

W. W. Bauer, M.D.

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Junior High Sports

Question. What do you think about letting boys in junior high school (ages 11 to 14) engage in competitive basketball? Some parents have no objections to this, but others are reluctant to permit it. Since we are trying to draw up plans for the year, we would like to have an opinion we could present as a general guide to avoid misunderstanding and disagreement in the parent group.

Minnesota

Answer. An extended discussion of this matter appeared recently in the *Journal of the American Medical Association.* In essence, it said that, when basketball is appropriately modified to meet the needs of this younger group, there is no reason why those who are found fit by medical examination should not participate under proper controls. An intramural program that stresses opportunity for all students to play against others of about equal ability, age, height and weight is strongly recommended. For this group, shorter quarters, more frequent times out and other suitable modifications in rules are urged. An interschool program of the "varsity" type, which generates pressures that may cause immature youths to overtax themselves or that limits participation to a few is not recommended. Following is a summary of suggestions to help make participation safe and healthful that have been adopted by the National Joint Committee on Standards for Boys' Athletics and endorsed by the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association:

"Health examination previous to participation; a physician present or quickly available when injury hazard is pronounced; readmission of an ill or injured player only on physician's recommendation; careful supervision of all players returning after illness or injury; a coach fully conversant with first aid practices and trained in sports conditioning; in head or neck injuries, immediate rest and medical attention; a policy of school responsibility in athletic injuries; adequate protective equipment; no unequal competition; no preseason games before proper conditioning; play areas and fields; avoid overtaxing of contestants."

Tooth Grinding

Question. Our daughter, who is 11, has been grinding her teeth in her sleep since she was about five years old. The doctor says she is normal, but the tooth grinding seems to be getting steadily worse. What do you suppose may be the cause?

Arkansas

Answer. Grinding of the teeth during childhood is considered a habit disorder. It is usually included in the group of sleep disturbances with insomnia, nightmares, night terrors, talking during sleep and so on. It is recognized that disturbed or restless sleep is common in infancy and childhood. This may be due to physical factors such as hunger, digestive troubles, excessive cold or heat, an uncomfortable mattress or rumpled bedclothes. Sometimes such a simple thing as sleeping in another

bed may correct the disorder. Occasionally psychologic factors, particularly tension and anxiety, must be considered. They are more likely in a child who is overactive and

Dental questions are often included here through the cooperation of the American Dental Association. *For* Child Training *see page 68.*

nervous during the day. If physical factors are not the cause, it may be necessary to investigate the home and family atmosphere for possible sources of worry or feelings of insecurity. In most cases, overactivity should be eliminated, and as bedtime approaches everything in the household should proceed at a greatly reduced pace. Of course this includes avoidance of stimulating prebedtime activities.

Youthful Drivers

Question. I have been trying to impress on my two children, who are now of driving age, the need for caution. Can you give me any facts and figures to back up my arguments?

Maryland

Answer. According to figures released recently by the National Safety Council, accidents are by far the leading cause of death in the ages 15 to 19. There is no detailed breakdown to show what proportion of the accidents involved motor vehicles, but without question it is high. In the statistics for the latest year available, 1949, accidents caused 5015 deaths in the ages under discussion. In the booklet "Accident Facts," published by the National Safety Council, a report on special surveys made in various states shows that drivers under 25 are responsible for the greatest number of accidents. Another tabulation reveals that of 37,300 motor vehicle deaths in 1951, people between 15 and 24 were responsible for 7800, or more than one-fifth. Of 1,300,000 motor vehicle injuries, 360,000 were credited to that group. You might also point out to your children the fact that careless driving by young people has made insurance rates considerably higher for them.

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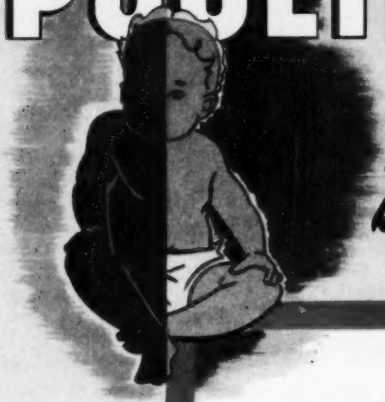

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Infancy is characterized by rapid growth, with its important demands for foods of high nutritive quality. One such food is poultry meat. Suitably prepared, it can supplement the infant's intake of protein by supplying generous amounts of essential amino acids.[1] The high quality of this protein makes poultry meat an important and useful food from earliest infancy.

Protein and other nutrient contributions of poultry meat are charted below for easy reference.

FOOD VALUES IN 100 GRAM PORTIONS OF CHICKEN[2]

(About 3½ ounces of raw broiler meat)

Calories	151	P	200 mg
Protein	20.2 gm	Thiamine	.08 mg
Fat	7.2 gm	Riboflavin	.16 mg
Ca	14 mg	Niacine	10.2 mg
Fe	1.5 mg		

[1] Block, R. J. and Bolling, D.—The Amino Acid Composition of Proteins and Foods. 2nd Edition. C. C. Thomas, Springfield, Ill., 1951

[2] Food Values of Portions Commonly Used, Bowes and Church. 7th Edition, 1951

This seal signifies that the Council on Foods and Nutrition of the American Medical Association has reviewed and accepted the nutritional information included here, and in the supplemental material offered.

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HERE'S WHAT WE THINK

HEALTH FOR SCHOOL CHILDREN

THIS MONTH the largest class of kindergarten and first-grade children in history will enter the schools of the United States. Since 1940 the number of entering children has increased year by year until now the accumulated grade school children exceed any previous experience. With higher birth rates since 1946 than those that produced the present bumper crop of school children, there will be increasing pressure on our high schools as well as our grade schools during the next two decades. Tensions at school will be worse before they get better.

What has this to do with health? Crowding, excess teacher loads and inability to give individual attention when needed add up to potential emotional and physical strains that affect the health of growing minds and bodies. Schools, health departments, nurses, physicians, dentists and, above all, parents can help allay these stresses. Parental responsibility for the health of children, plus a good health program for children based on cooperation of the interested professions will insure a healthier, more alert generation.

DONALD A. DUKELOW, M.D.

"T.L.C." AND POLIO

ALL of us are continually looking for new and better remedies to help those who become ill. Although science has not yet found a means for preventing polio or for curing it once it has invaded our bodies, there are a great many things we can do for the patient that will ease his pain, decrease his fears and help him make a good recovery.

It is interesting that a most important treatment for polio (and most other diseases) is the oldest known remedy for mankind's ailments. This remedy is known as T.L.C. (tender loving care) and is regularly prescribed by pediatricians for their young patients. Although it costs nothing, its ingredients can often do a great deal to help a child, and even an adult, face this disturbing condition with courage, a sense of security and the desire to get well—often a principal factor in recovery.

Fortunately, T.L.C. is available everywhere, in unlimited quantities, and free. All one has to do is to learn to give it to his loved one who is ill. The best way to learn is to recognize that love can be shown only by a willingness to understand and to give of yourself to your child or to the grownup who is confined to bed with polio.

If you listen more than speak, if you encourage your child by your own courage, your own freedom from the prejudices that so often mark our attitudes toward disability, and if you can just get over to your child the fact that you love him no matter what may happen—you may be greatly surprised by the rate at which his physical health improves and his morale remains high.

HART E. VAN RIPER, M.D.
National Foundation for Infantile Paralysis

WHAT DO YOU THINK?

today's health News

by ALTON L. BLAKESLEE

DEFEATING ELECTRIC SHOCK

All may not be lost when someone seems to have been killed by electric shock. Medical literature tells of scores of persons revived after shocks severe enough to make them unconscious. Describing these cases, and the effects of electric shock, Dr. T. O. Garland advises artificial respiration for two hours after all signs of life have ceased. His report is given in the *New Zealand Medical Journal.*

SILICONE SHIELD

An ointment containing silicone acts as a shield and speeds healing of diaper rash, cracked lips and other skin lesions, Drs. John R. Talbot, John K. MacGregor and Frank W. Crowe of the University of Wisconsin write in the *Journal of Investigative Dermatology.* Use of medicines is continued along with the shielding ointment in chronic irritated cases.

ALL AROUND THE LOT

Highlights of the American Medical Association's annual session in Chicago:

About 1,000,000 Americans are paralyzed on one side of their bodies. Most are elderly. Most can be helped or improved by proper treatment, with perseverance.—Dr. Michael M. Dasco, New York.

A new drug for petit mal epilepsy will be marketed soon, under the trade name milontin. The product of a long chemical search, it prevented all or most of the brief blackout attacks in half of nearly 100 persons tested, and benefited others.—Drs. Frederic T. Zimmerman, Lauren Long, and Graham Chen, New York.

Chest x-rays are advised twice a year for middle-aged men who smoke heavily. The x-rays would be to spot possible cancer, which seems to be more prevalent among heavy smokers than non-smokers.—Dr. J. Winthrop Peabody, Washington, D. C.

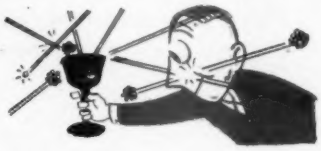
To block pain for days or weeks, a tube can be inserted near the spinal column and taped to the skin. The local anesthetic, procaine, is poured into the tube from time to time, to block sympathetic nerves carrying pain impulses. The method avoids repeated injections, and results so far are gratifying.—Drs. Albert M. Betcher, George Bean and Daniel F. Casten, New York.

Alcohol injections often offer advantages to halt unmanageable pain, including pain from malignant disease. The alcohol is shot into a spinal nerve root.—Dr. John J. Bonica, Tacoma, Wash.

U. S. tourists will benefit someday, maybe soon, from medical controls over tropical diseases developed during wartime to protect troops. The tourists will be able to go safely to areas once hazardous for health,

or to get better treatment if they do pick up some tropical ailment.—Dr. L. T. Coggeshall, Chicago.

"Atomic cocktails" containing radio-active iodine seem to help some people with advanced congestive heart failure or angina pectoris. Rays from the iodine affect the thyroid



gland, slowing down metabolism so the weak heart has an easier job. In a two year study of 100 patients, the atomic treatment showed good results in 53 and fair results in 20, apparently extending their lives.—Drs. Henry L. Jaffee, Maurice H. Rosenfeld, Frederick W. Pobirs, and Laurence J. Stuppy, Los Angeles.

The radioactive iodine drinks also have helped 384 persons suffering in selected cases of overactive thyroid. Three-fourths of them needed only one or two of the atomic cocktails to get successful remissions lasting six months to five years.—Drs. Dwight E. Clark, James H. Rule, Otto H. Trippel and David A. Coffrin, Chicago.

A natural enzyme, hyaluronidase, can apparently prevent growth of painful and dangerous kidney stones. It is injected under the skin, and the shots don't hurt. (Hyaluronidase is used to take the sting out of some drug injections or to relieve the pain of sprains and swellings.) It brings about the release of some of the jelly-like cement material which helps to hold our bodies together. The jelly material floats off and finally gets to the kidneys, where it coats the chemical crystals that form kidney stones.

The crystals can't join together to grow into hard stones. The shots, taken daily, prevented new stones in four out of five persons tested.—Drs. Arthur J. Butt, Pensacola, Fla.; Ernst Hauser, Massachusetts Institute of Technology; Joseph Seifter, Philadelphia.

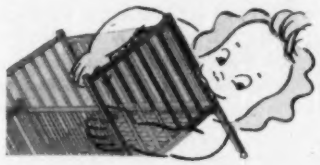
Hyaluronidase has softened up keloids—skin tumors that follow an injury—so they could be removed sucessfully by surgery without recurrence. The enzyme is also used afterward to infiltrate the scar.—Dr. Theodore Cornbleet, Chicago.

Children of allergic parents should be shielded from potent allergens, for allergic diseases are likely to appear in these youngsters. Precautions against asthma in children of allergic parents include removal of pets, a campaign against house dust, use by the mother of cosmetics free of orris, adding one food at a time to the child's diet, testing against pollens before a child goes to camp.—Drs. Leon Unger and Albert H. Unger, Chicago.

Home remedies for hiccups include breathing into a paper bag, pulling on the tongue, drinking cold water and giving a sudden fright. All work sometimes. Pressing the finger against the eyeball for several minutes often works surprisingly well. In tough, persistent cases, doctors can end the hiccuping with the drastic but effective step of crushing a phrenic nerve in the neck.—Drs. Albert F. Gigot and Paul D. Lynn, Boston. (See also *Today's Health* for May, 1952.)

Special delivery. A new form of penicillin goes mostly to the lungs and spinal fluid. Trade-named neopentil, it promises a harder punch at pneumonia, bronchitis, lung abscesses, meningitis and other ailments.—Drs. Harrison E. Flippin, L. E. Bartholomew, G. M. Eisenberg, R. L. Ferlauto, E. L. Foltz, W. V. Matteucci and N. H. Schimmel of the Philadelphia General Hospital.

Lead poisoning from children's eating of leaded paint on cribs, toys or other objects is apparently fairly widespread. A preventive is non-lead paint on articles tots may chew on.—Dr. R. R. Sayers, U. S. Public Health Service.



After 50, everyone has some osteoarthritis, a chronic degenerative joint disease. But only about ten per cent have pain and stiffness or disability requiring medical care.—Dr. John G. Kuhns, Boston.

From systematic research have come four new drugs to relax muscles during surgery. The four are syncurine, mytolon chloride, flaxedil, and succinylcholine, each with its advantages.—Drs. Francis F. Foldes, Theodore S. Machaj, Robert D. Hunt, and Pearl G. McNall, Pittsburgh, and Dr. Phil C. Carberry, Irvington, N. J.

For extra protection against recurrence of duodenal ulcers, cutting of the vagus nerve to the stomach is advised in combination with partial removal of the stomach.—Drs. Leonard J. Druckerman, Vernon A. Weinstein, Percy Klingenstein and Ralph Colp, New York.

Experimentally, a new drug known as yet only as MK-20 appears promising in treating shaking palsy or Parkinson's disease. It helped control shaking in 37 out of 40 patients.—Drs. L. J. Doshay, K. C. Constable and Stephen Fromer, New York.

Tension headaches stem from emotional conflicts or anxiety, recognized or unrecognized. Women are victimized by them more than men. Pain-relieving drugs combined with sedatives are best for relieving the aching, but psychotherapy brings the best long-term results.— Drs. Arnold P. Friedman, Naomi de Sola Pool and Theodore J. C. von Storch, New York.

An enzyme aerosol or spray of trypsin clears the lungs and throat of secretions or blockading material. The trypsin digests the blocking material without hurting healthy tissues, working like a painless chemical knife. The spray has brought relief of cough and difficult breathing in tuberculosis, bronchial asthma, atelectasis or collapse of a lung, and bronchiectasis or dilation of tubes leading to the lung.—Drs. Howard G. Reiser, L. C. Roettig and Carl R. Limber, Ohio State University.

Rotation of troops in combat in Korea has fulfilled expectations that it would help prevent mental or emotional breakdowns, said Dr. Albert J. Glass, San Francisco psychiatrist. Having the goal of relief from dangerous combat aids morale.

FISHBONE SPOTTER

It has now been shown that x-rays often can be helpful in spotting swallowed and stuck fishbones, the A.M.A. *Journal* says editorially. It had been commonly believed that the bones wouldn't show up in x-ray pictures.

But tests show that probably the rays can show the bones of bass, codfish, flounder, fluke, gray sole, haddock, halibut, porgie, red snapper, sea bass, smelt, striped bass and white perch. Less radiopaque are fresh and smoked salmon and yellow

pike. Faintly or non-radiopaque are bluefish, butterfish, mackerel, pompano and trout. So choose wisely if you have any propensity for getting fishbones stuck in your throat.

TB CAUTIONS

White men of 40 or older may be the most likely spreaders of tuberculosis, some studies indicate. Their own cases of TB have not yet been detected. The evidence was described to the New York State Medical Society by Dr. E. M. Medlar of Ithaca.

About 250,000 Americans are TB carriers who could spread the dis-

ease to others, Miss Mary Dempsey, statistician of the National Tuberculosis Association, told the Michigan State Association.

And Dr. Herbert L. Mantz, Kansas City, said TB also is being imported by persons coming from countries bankrupt in public health protection.

RUBBER TROUBLE

Skin troubles from sensitivity to rubber materials may be increasing, say Dr. Morris Leider, Dorothy Furman and Dr. Alexander A. Fisher of New York. In the A.M.A. *Archives of Dermatology and Syphilology*, they tell of 125 cases of proved sensitivity. The skin rashes came from such products as rubber gloves, rubber sponges used in applying cosmetics, girdles, elastic on shorts or shoes or garters, brassieres, rubber bands, rubber dental plates, kneeling pads, bathing caps and rubber toys. Treatment is to avoid the rubber offender.

RHEUMATIC FEVER AID

A new long-lasting penicillin looks valuable for preventing recurrence of rheumatic fever in children, Drs. Gene H. Stollerman and Jerome H. Rusoff of Irvington, N. Y., reported to the American Rheumatism Association. The drug is used to prevent the strep throat infections which precede the dangerous heart fever disease. The new penicillin was tested on 138 children, who got shots once a week to once a month.

IS IT SINUSITIS?

Less than ten per cent of people complaining of sinus headaches have any organic sinus trouble. They're victims of psychosomatic headaches, which can often be cleared up by helping the patients understand their emotional problems, Dr. Conrad K. Gale of New York writes in the *New York State Journal of Medicine*.

RACING THE MOTOR

Some business men are like engines running at top speed, burning up fuel or resources inefficiently and extravagantly, Dr. George C. Ham, psychiatrist of the University of North Carolina School of Medicine, told the New York State Medical Society. People of this type are often subject to ulcers, colitis or other gastro-intestinal upsets. They need emotional aid or reassurance to help overcome their trouble.

And they needn't take too much pride in being so industrious. For, says Dr. Ham:

"These people have an obvious psychological difficulty which makes it necessary for them to run and to waste their resources in riotous, driving work beyond what is even consciously reasonable to them.

"It is now known that this may be related to the need to deny that they would like to relax and take it easier, to be taken care of in a way which could be visualized as almost diametrically opposed to the way they are behaving, namely, to be comforted and taken care of, to be fed frequently and to have little responsibility. Their overt behavior is almost a mirror image of the unconscious longing."

HOME DELIVERY

Dr. Gordon Smith of Snow Hill, N. C., finds trichloroethylene an excellent anesthetic for deliveries at home. It is effective and safe, doesn't prolong labor, and boosts the morale of the mother, he writes in *GP*, magazine of the American Academy of General Practice.

KNOWLEDGE VS. CANCER

Most cancers can be cured if detected early enough. The cures are by surgery or by x-rays or other radiation. But far too many cancers go undiscovered until too late.

A new study, made for the American Cancer Society, finds that people delay seeking treatment more from poor health habits than because of fear of facing reality about cancer. So, for better cancer control, one answer seems to be better public information and a more positive attitude toward caring for your health.

SCHOOL HEALTH TESTS

School health examinations often discover defects or ailments in children. But how often the children and parents do something about them is quite another matter, with apparently much neglect. Pennsylvania State College is starting a $55,000 study of ways to stimulate parents to have such conditions corrected. The Health Information Foundation, New York, has granted $35,000 for the project.

BORROWED LUNG

A lung taken from a monkey has done the breathing for eight human babies for periods as long as four

hours. The monkey lung was used in conjunction with an artificial heart machine to permit operations on blue babies.

The artificial heart detoured the babies' blood around their own hearts and lungs, and sent it through the monkey lung, resting in an oxygen-bathed glass chamber. The monkey lung refreshed the human blood, and the heart machine pumped it back into the babies' leg arteries.

All the infants died. All were doomed by a heart defect in which the great blood vessels to their hearts were transposed, so that little of their blood went through their own lungs.

Only surgery could possibly correct the condition. And the heart machine plus the borrowed lung, tested successfully on animals, offered the chance of operating on the

infant hearts while they were kept free of blood.

Six babies died during the long operation, and the seventh died after the pump was disconnected. But it had kept the baby alive, on artificial power and a borrowed lung, for 3¾ hours to make the daring operation possible.

The eighth child was connected to the pump and lung for only ten minutes, when surgeons found there was no chance at all for the operation to succeed because of defects in his heart vessels. This infant lived for 15 days after having successfully used the artificial heart and monkey lung for the ten minutes.

This method and these operations promise ultimate success in the great goal of someday having artificial heart-and-lung devices. The work was shown to the A.M.A. convention in an exhibit by Drs. W. T. Mustard, A. L. Chute and Anna Sirek of the University of Toronto.

LOW SALT DIET

Hazards sometimes resulting from "salt-free" diets followed too rigidly or too long are reported in the *Journal of the Medical Association of the State of Alabama* by Drs. H. L. Holley and J. S. McLester. Too little salt in the body can bring on drowsiness, weakness, lethargy, loss of appetite, nausea, sometimes cramps and kidney trouble.

REST IN POLIO

From experience during a polio epidemic, Dr. Wallace Green of New York advises rest during the early convalescent stage of polio. Too much activity, he believes, doesn't produce greater strength but may produce greater weakness. Bed rest with only brief daily periods of physical therapy provided the most conducive setting for spontaneous recovery of muscle power, he finds. He tells about his observations in the A. M. A. *American Journal of Diseases of Children.*

CARDIAC NEUROSIS

Of patients who believe they have heart disease, more than half have no organic trouble at all. Of the rest, more than half have heart symptoms more severe than the organic trouble really is. The worry about possible heart trouble or neurosis about it is just as important as actual organic heart disease, Dr. Paul Williamson of Memphis writes in *GP*, journal of the American Academy of General Practice. Common sense treatment, based on understanding, reassurance and mild sedatives, usually works well, he says.

FOREIGN BODY

In Food Passages

If a foreign body is swallowed, it usually passes harmlessly along the food passages until expelled. This frequently occurs even with open safety pins taken by small children unless the pin is too large. Sometimes an object thought to have been swallowed has entered the air passages or lungs [See last month's First Aid article.] Medical observation is always necessary to determine where the object is and whether it becomes lodged. Occasionally an operation or use of an extractor instrument is required. Symptoms from swallowed objects may be absent unless the object is in the throat or esophagus, when pain, difficulty in swallowing, or a feeling of lodgment is usually present. At one clinic swallowed items that required removal by instrument extraction were, in descending order of frequency, bones, coins and disks, food, safety pins, buttons, nuts, seeds and shells and toys. Careless preparation of food, improper mastication, the habit of putting foreign objects into the mouth and insufficient care in eating while wearing dentures are causative factors.

What to Do

1. Take the patient to the physician. Even though symptoms are not present, the object may be lodged in the food passage, or possibly in the air passage. In the latter case it must always be removed unless coughed up.

2. Remain calm. The excitement and fears of bystanders may unduly frighten the patient. Eighty per cent of cases are in children under 15. Drive safely while transporting the patient; the situation is seldom if ever of extreme urgency in case of swallowed objects.

3. Avoid giving cathartics and bulky foods. If feeding is necessary because of some unavoidable delay in securing medical attention, provide the usual diet.

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OVERWEIGHT *America's*

Heavy people who reduce win a one-fifth to one-third better chance of long life.

OVERWEIGHT is America's number one public health problem. It affects more people than any other impairment or disease. No group in the community is immune to it. Overweight handicaps men as well as women; children as well as adults. Altogether, about 25 million people in our country are overweight to some degree and at least five million adults are seriously obese. Because overweight predisposes these large numbers of people to heart disease, diabetes, liver disorders and other serious complications, it cannot be ignored by the general public or the medical profession. The solution of this problem is vitally important for further progress in the health of the nation.

This statement may surprise many readers who have for good reason been impressed with the great progress made in public health in our country. The gains have been real and impressive. In the last 50 years alone, the death rate has been cut in half and the average length of life has increased about 20 years. The expectation of life now exceeds 68 years and further improvement is in sight. However, this great accomplishment results largely from prevention of disease and the saving of lives in infancy, childhood and early adult life. At the beginning of the century nearly 15 per cent of our babies died in the first year of life; today less than three per cent die so early. Fifty years ago, only three-quarters of the newborn reached 24, but today the same proportion survive past 60. Many of the infectious diseases that caused heavy mortality in the past have been almost wiped out as causes of death. The most striking examples are diphtheria, typhoid, whooping cough, infant diarrhea and scarlet fever. Other diseases, such as pneumonia and tuberculosis, have been radically reduced as causes of death. The successful fight against such conditions has contributed most to the increase in expectation of life and has made our longevity record one of the best in the world. We can be proud of this achievement.

In contrast, relatively little progress has been made in reducing mortality in middle and later life. This applies particularly to men. Whatever gain has been made, has, also at these ages, been brought about largely by control of infectious diseases. The major killers today are diseases and conditions that affect people after they reach 45—a large and steadily increasing part of our population. Now the outstanding causes of prolonged disability and death are diseases of the heart and arteries and associated disorders. They account for three of every five deaths among men in middle and later life.

Of itself, the pre-eminence of these conditions would not be alarming if it merely reflected the improvement in longevity and the general decline in other diseases, but apparently this is not the case. Our record with respect to the degenerative conditions is not as good as in other countries with much less favorable medical resources and standards of living. In addition, the recorded mortality from these conditions is on the rise among men. In short, our position with regard to health and longevity in middle and later life is far from enviable in international comparisons.

What has all this to do with overweight? A great deal! Overweight is at the root of the high prevalence of the degenerative diseases in our country. We have much too much of this impairment in our midst. Let us examine some of the facts.

A wide variety of research studies show definitely that overweight people are particularly prone to many condi-

DESIRABLE WEIGHTS FOR MEN AND WOMEN AGES 25 AND OVER

(The reader is cautioned to be honest with himself and not to ascribe his overweight to a large frame when it simply isn't so!)

no. 1 health problem

by LOUIS I. DUBLIN, Ph.D.

Desirable Weights for Men. Ages 25 and Over.

Height (with shoes)		Weight in Pounds (as ordinarily dressed)		
		Small Frame	Medium Frame	Large Frame
Feet	Inches			
5	2	116–125	124–133	131–142
5	3	119–128	127–136	133–144
5	4	122–132	130–140	137–149
5	5	126–136	134–144	141–153
5	6	129–139	137–147	145–157
5	7	133–143	141–151	149–162
5	8	136–147	145–156	153–166
5	9	140–151	149–160	157–170
5	10	144–155	153–164	161–175
5	11	148–159	157–168	165–180
6	0	152–164	161–173	169–185
6	1	157–169	166–178	174–190
6	2	163–175	171–184	179–196
6	3	168–180	176–189	184–202

Desirable Weights for Women. Ages 25 and Over.

Height (with shoes)		Weight in Pounds (as ordinarily dressed)		
		Small Frame	Medium Frame	Large Frame
Feet	Inches			
5	0	105–113	112–120	119–129
5	1	107–115	114–122	121–131
5	2	110–118	117–125	124–135
5	3	113–121	120–128	127–138
5	4	116–125	124–132	131–142
5	5	119–128	127–135	133–145
5	6	123–132	130–140	138–150
5	7	126–136	134–144	142–154
5	8	129–139	137–147	145–158
5	9	133–143	141–151	149–162
5	10	136–147	145–155	152–166
5	11	139–150	148–158	155–169
6	0	141–153	151–163	160–174

tions—notably heart and other circulatory disorders and diabetes—earlier or more frequently than people of lower weight and that, in general, these conditions run a more rapid course in them. The saying, "The longer the belt line, the shorter the life line," is all too true.

Many observers have noted the association between overweight and high blood pressure. A recent study among employees of the Metropolitan Life Insurance Co. showed that elevation of the blood pressure was more than twice as frequent at ages 45 to 54 and three times as frequent at ages 35 to 44 among those of heavy build as among those of light build. Another study based on a sample of 74,000 industrial workers showed, at every age and among both men and women, a steady increase in the average blood pressure with increase in weight. Among Army officers, a group of men who were initially carefully selected and on whom careful medical observation was continued as long as they were in service, the rate of development of high blood pressure was about two and a half times as high in those who were overweight as in those who were not. A similar study of Army officers showed that, on the average, the men who had or later developed diseases of the heart and vascular system were heavier than their fellow officers. These are but a few examples of the studies that bring out the association between overweight and the early breakdown of the circulatory system.

Dr. Dublin is the noted statistician of the Metropolitan Life Insurance Co.

But that is not the only penalty of overweight. Diabetes is a prime example of a disease that affects chiefly overweight people. This is confirmed by virtually every medical expert in diabetes. More than four-fifths of those who develop the disease after the age of 40 were previously overweight. Three out of five were actually fat. It is significant, too, that diabetics experience premature breakdown of the circulatory system, particularly if their diabetic condition is not carefully controlled. Even in those who do receive good medical care the death rate from the circulatory conditions is two and a half times as high as in the general population.

There is other good evidence of the toll which too much weight exacts. Gallbladder disease is more frequent among the overweight than in those of lighter build. The same is true of some forms of cancer and joint diseases. Overweight is believed to be an important contributing factor in degenerative arthritis, one of the most common diseases of middle and later life. Men

who come down with gout are noted for their fondness for good food and drink. Hernias, too, are more common with overweight than with underweight, and postoperative conditions of this kind are more likely to occur in stout people.

In general, fat people tend to be relatively poor surgical risks. It is significant that a major reason is their greater susceptibility to the development of embolism—a blood clot that stops up a vessel—which is responsible for many of the sudden deaths after surgery. This is still another example of the association of overweight with circulatory disorders.

Obesity is a handicap in pregnancy, and both mother and child are affected. Several studies have shown a higher frequency of complications during pregnancy and delivery in overweight women than in women who are average or underweight, and an increase in mortality among both mothers and infants. The proportion of large babies is high, and women bearing such babies subsequently develop diabetes more frequently than other mothers.

But the most damning evidence of the evil effect of overweight comes from the studies of life insurance records. A number of studies of this kind have been made in my office and elsewhere and they all substantially agree. To answer any objections that these old studies might be outdated, however, we completed a new one only recently. This study emphasizes the fact that there has been no essential change in the situation: the mortality of overweight people is still excessive.

In this investigation we studied the mortality of a group of more than 50,000 men and women who were insured in the Metropolitan Life Insurance Co. but were charged a higher rate of premium solely because of excess weight at the time the insurance was applied for. These people were first class risks in every other respect. They had no serious impairments or adverse medical history, and were engaged in nonhazardous occupations. We took people insured between 1925 and 1934 and we followed them up to 1950. This period of 25 years gave us an opportunity to evaluate the long-range as well as the immediate effects of overweight on mortality. As a yardstick to measure against we used the mortality rates of people who were accepted for standard insurance (no extra premium) during the same period. The results were clear-cut.

"Giddap, y'ol' swayback varmint!"

Uniformly, the death rates of the overweight insured were substantially higher than the standard insured of the same sex and age. In the aggregate, both overweight men and women had a mortality one and a half times that of their sex in our standard experience. For both men and women, mortality increased with the degree of overweight. The mortality was high regardless of age and regardless of the length of time that had elapsed since the insurance was issued.

Our investigation also covered the causes of death. Here again the story has a familiar ring. Diseases of the heart and associated disorders of the circulatory system contributed most of the extra deaths. Among men, the mortality from these disorders was about 50 per cent higher than among men in the control group, and among women about 75 per cent higher. Among the major diseases, diabetes showed proportionately the greatest excess mortality—nearly four times the number expected among both men and women. Deaths from diseases of the liver and gallbladder were also above average frequency. Among both men and women the death rate from gallstones was more than twice as high as the standard, and deaths from cirrhosis of the liver in men were more than two and a half times as high. In both sexes, there was an excess mortality from cancer of the liver and gallbladder. Deaths from childbearing also exceeded the expected number.

This new study leaves no room for doubt that overweight is a serious threat to the health and longevity of huge numbers of people, and that it is high time something was done about it. But we might ask, "What good proof is there that reducing brings real and lasting benefit?" Up to now, we have not had a really good answer. It is not easy to follow up a large group of people who have reduced to see what happens to them. By and large, we have merely inferred the value of this benefit from clinical observation. In hyper-

tension, the blood pressure is usually lowered when the weight is brought down, and the general condition of the patient is improved. People who have successfully reduced generally attest that they feel better and do better.

Badly needed evidence of the value of weight reduction in overweight is now afforded by another body of facts derived from our recent study. We found a significant number of insured overweight people who subsequently reduced to the level at which they were eligible for standard insurance. We studied their mortality separately and found that their death rate after weight reduction was substantially less than that recorded for all the overweight people studied. Among the men the mortality was cut about one-fifth and among women *more than one-third*. So, we now have excellent proof that weight reduction pays.

With our knowledge of the harmful effects of overweight, now buttressed by the results of new research, it is no wonder that the problem of obesity is receiving increasing attention from physicians and public health leaders, and that the general public is being aroused. The fight on overweight is gaining momentum, and the impressive new evidence on the benefits of weight reduction should give it further impetus. Fortunately, we are dealing with a condition distinctly amenable to correction, although the pathway is not always easy.

Overweight is an insidious enemy. It comes about as a result of overeating. This habit is acquired easily and under pleasurable circumstances, because food is intimately tied up with our family and social life, particularly in this country where there is so much leisure and such an abundance of food. As a nation, we are good eaters. Our high level of income permits us to indulge in eating and drinking to our heart's desire. We consume enormous quantities of rich foods, candies, pastries and beverages. At the same time, our need for food has been declining because the amount of physical energy required by our work has steadily diminished with the development of labor-saving devices in the home and at work. They are used in every type of industry and even in farming on a scale matched in no other part of the world. Even our leisure time is too much devoted to sedentary interests —motoring, watching sports events, and now television viewing — and some of them encourage nibbling. The pounds pile up gradually but surely.

Public Opinion

Hooper's never telephoned,
Kinsey's passed me by,
Gallup doesn't want to know
What I think, or why.
Thoughts of import, such as mine,
Might alter world affairs.
(The awful truth just came to me:
Suppose nobody cares?)

Pearl C. Sickles

Overweight is, nevertheless, an enemy that its victims can lick if they are properly informed and are patient and persistent in fighting it. If the victim is wise, he will look to his physician for guidance and assistance. It is desirable to have a medical examination, with appropriate laboratory tests, before going on a reducing diet. This gives the physician an opportunity to detect the rare cases in which something more than mere overeating is involved, and also to find out why the patient overeats. It is also a good opportunity for the doctor to review the patient's dietary habits and to point out to him any errors or incorrect impressions he has about diet or foods. The doctor is also the best person to prescribe a diet that takes account of the patient's needs as well as his home circumstances.

When all is said and done, however, the overweight patient himself has the responsibility for success in reducing his weight. He has to learn that only a permanent change in his eating habits will bring lasting results. He must acquire knowledge of the details of diet and of the caloric values of foods. He must be alert and remind himself that between-meal snacks and beverages, as well as other violations of his diet, will show on the scales and slow up, if not entirely nullify, his efforts to reduce. The hard fact is that there are no short cuts to reducing. The overweight person must face up to this fact and the fact that this is one battle he has to win on his own.

How much the overweight patient has to take off depends on how many pounds his weight exceeds what it should be. This varies according to sex, height and general body build. The table at the beginning of this article gives desirable weights for men and women that take these factors into account. People in these weight ranges have the best chances of long life according to the extensive experience of life insurance companies. These weights should be maintained for life once full maturity is attained.

Recent studies by a group of scientists at the University of Minnesota have demonstrated the tendency for fat to accumulate with advancing age. The scientists assert, however, that restriction of the daily caloric intake, though it may not entirely halt the deposit of fat, should nevertheless reduce the amount of overweight. They accentuate the results of our insurance studies on the need to keep the weight down to the level of early maturity.

Those of us who are fortunate enough to have escaped overweight thus far cannot afford to be complacement, because few if any are immune to it. Everyone should be on the alert against it. Literally, an ounce of prevention is worth pounds of cure. It is best to catch any weight gaining tendency early. It is especially important to remember that such gains are common after change from an active to a sedentary occupation, after convalescence from serious illness, surgery or pregnancy, and after the menopause.

Prevention of overweight should begin in childhood. Too many mothers worry unduly that their children eat too little, and as a result get their children off to bad eating habits early in life. Mothers will profit from medical guidance on the dietary needs of children. But above all, parents should remember that they set the example for children by their own eating habits. The fact that fat runs in families is more often due to the poor example set by the parents than it is to inheritance.

by ANNIE LAURIE VON TUNGELN

September is for

Here is one teacher's view of what school can mean to parents—and parents to school.

As that first day dawns—that world-shaking first day of school—as you wave goodbye to your child and watch him skip off or go with him, you are doubtless, and rightly, thinking of school in terms of his welfare and growth. But school may also be a stimulating experience for you. Your child goes forth eagerly to add the joy and dignity of another year to his stature, and you have the same privilege. To a child, school spells adventure. It may also be an adventure for you, just as we teachers feel it is for us. Why not start right along with your child, figuratively at least? Starting to school this fall gives you an opportunity to view life through the curious eyes of your youngster and to keep up with educational trends, making you a broader-minded person as well as parent.

If this is the child's first year in school or if you have moved to a new community and he has never been in the building, it is wise also to start to school with him in person before the term opens. Sometime during the summer, take him to that strange place where he will spend so many hours during the coming nine or ten months; show him his classroom and let him wander about the halls just to get the feel of things. You'll profit by the experience, too. It will give you a preview of your child for the next few months—a sort of framework in which you can see him at work and play. It may even give you an attack of nostalgia, so bringing back your own school days with their problems and joys as to make you particularly understanding.

If it can be arranged, it is helpful for a young child to meet his teacher, too, before the opening of school—he won't feel so timid, particularly if he is in unfamiliar surroundings. It is quite as important for you to meet the teacher as it is for your child to know her. As a public school teacher myself, I have found that to most children, particularly beginners, and to many parents, "the teacher is the school." Children, as well as parents, make up their minds about whether they like the school on the basis of their opinion of the teacher. (Incidentally, what a heavy responsibility that places on us!) The physical surroundings and the child's companions are important; they constitute part of the school. But in most cases, the teacher is paramount, as this incident illustrates.

Not long ago a seven year old niece was telling me enthusiastically about school, mentioning what she liked about her classes. She hesitated when she came to the health class.

"And what do you like best about health class?" I prompted.

"Oh, my teacher, I guess," she answered with a twinkle in her eye.

The fact that the teacher does constitute the school in so many cases makes it particularly important for parents to know her. Children occasionally misrepresent things about the school and the teacher—another reason why parents should become acquainted as early in the year as possible.

Besides the privileges that going to school with your child offers, it likewise involves certain responsibilities.

parents, too

The child is rare, indeed, who does not love something about school—whether it is finger painting or reading, or possibly only recess when he plays happy outdoor games with his companions! Parents, as well as teachers, have the obligation to build on any initial liking he displays. (And, incidentally, we should remember that even at an early age youngsters begin to show pronounced individual tastes.) It is a truism that children reflect to an amazing degree the attitudes of the parents and the atmosphere of their homes. Through constructive reference to classes, teachers and new companions, parents can frequently direct children to happy thinking about school—a viewpoint of learning that will color their entire lives.

Parents can also do much to help children acquire the will to avail themselves of the opportunities offered by the school. This can be done largely by assuming a positive attitude toward school, speaking of assigned tasks, even though they are hard at times, as normal procedure, to be dispatched as thoroughly, promptly and cheerfully as possible. The child needs to acquire stick-to-itiveness—the will to sustain his own interest, without overpressure from parents on the one hand or overcoddling on the other. It is seldom wise to ask special privileges for a normal child or exemptions from assigned tasks on the grounds that he is nervous or sensitive. He needs to learn to stand on his own two feet, to face exactly what other boys and girls of his age and grade in school face. He should also learn obedience to regulation and respect for authority. Too much parental protection may brand him a sissy among his schoolmates, making life far more miserable for him than having to meet reasonable tasks squarely. As adults have learned, sometimes through bitter experience, the child will be called on during his lifetime to face situations that are neither interesting nor pleasant. To refrain from jumping in on the side of a child against the school and the teacher, until all facts in a case are known, may require self-discipline, but it is usually wise and to the best interests of the child. Even when the school and the teacher are wrong—and I am the first to admit that we are wrong sometimes—it is not wise to speak too adversely in the presence of the child, for such criticism has a tendency to make him dislike school.

The fact that you encourage a child to face assigned tasks straightforwardly does not mean that you insist on his making A's, particularly if he does not have an aptitude for academic subjects; it certainly does not imply that he should be paid in money for making high grades. Nor does it mean that he should be placed in nerve-racking competition with his fellow students. It does mean that through your sincere respect for high standards you will help him to take advantage to the best of his ability of all that the school offers in its broad efforts to help him. It means, too, that you will encourage him to compete with himself alone, so that he will try to surpass his own past accomplishments. He will be eager to make a good record, not so much for the sake of the record as because he desires to advance personally and wishes to be of service to others.

Going to school with your child does not mean you should do his homework or even help him with it regularly, that is, in a direct sense. But you can be of great assistance indirectly. Suppose, for example, that your child has trouble with numbers and you want to give him a boost. That does not mean you must sit down with him each night and go over his arithmetic problems step by step. You can, however, help him in dozens of learning experiences that involve number processes taken up in arithmetic classes but for which teachers never seem to find enough time, such as reading the calendar, making change at the store, telling time and counting scores in games. By so simple a thing as letting him set the table, you are giving him a start along the number highway. When he counts out the plates, knives, forks and spoons, he is receiving a valuable lesson, particularly if a little game of *(Continued on page 72)*

surviving the first

THE most hazardous experience of life is birth itself. The average life span is nearly 70 years. It would be only three months if the death rate that prevails the first day of life were to continue.

A generation ago, 15 out of every 1000 infants born alive died the first day. Today, it is just under 11. Dr. Herman N. Bundeson, baby specialist and president of Chicago's Board of Health, is sharply critical. "The continued needlessly high neonatal mortality rate," he says, "must be regarded as a national reproach!"

Why has progress here been so meager? Why does the newborn infant face such deadly danger his first day on earth? There are a number of reasons. Many infants are born prematurely—unfinished products thrust into a hostile world too soon. Occasionally, babies are poorly formed. Physicians cannot prevent some of these things. But they can reduce the toll taken by one of the top baby killers—asphyxia, or oxygen starvation.

Look at the intricate events that take place in a baby's body before he takes the first critical breath of life. In the womb, he faced no oxygen problems—his mother supplied all requirements. Since the lungs were inactive for the most part, the baby's heart detoured blood around them. But at the moment of birth this must be changed. A shunt in the heart closes for the first time—securely and permanently—and sends blood to the lungs to pick up air.

Something—no one knows what—prompts the baby to take the first vital breath. But from then on, the respiratory center in the brain will trigger each breath, rhythmically and automatically, during waking hours and during sleep.

There is always the possibility of temporary failure at any point in this intricate process—and nature has provided for it. Babies have a notable faculty: they can withstand periods of oxygen starvation that would mean death for adults. In the vast majority of cases everything goes without hitch. But in a distressing number of cases something goes wrong. Too many babies never breathe properly. They are victims of neonatal—near birth—asphyxia.

A study just completed in Chicago suggests the size of the problem. It covered 10,000 infant deaths that occurred between 1936 and 1950. Respiratory failure, in many cases resulting from insufficient development of the lungs, accounted for nearly half of all deaths.

Dr. S. H. Clifford, writing in the *American Journal of Diseases of Children,* is in substantial agreement with the Chicago findings. This physician estimates that lack of oxygen is responsible for 60 per cent of deaths in the first hours of life.

In some cases the placenta—the link of attachment between mother and infant—becomes detached before the baby is born. In others, the umbilical cord is compressed. Either of these things can reduce or shut off the oxygen supply to the baby. In others, a membrane covers the baby's lung surfaces, excluding air.

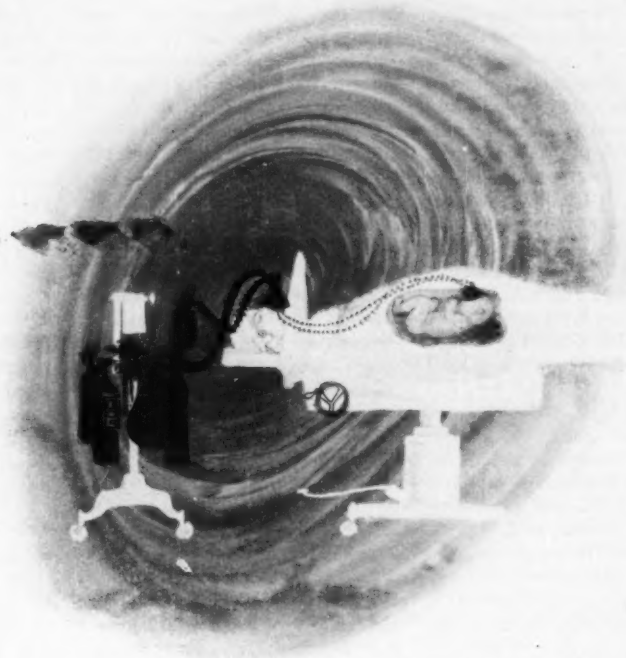
Mounting evidence indicates that a too free-handed use of obstetrical analgesia (drugs) and anesthesia may be one of the causes of breathing difficulties of the newborn, a major cause of death among the 37,000 U. S. infants who perish every year in their first day of life.

Drugs are rapidly absorbed into the fetal circulation. A barbiturate given to calm the mother finds its way into the baby's blood stream inside 15 minutes. An anesthetic which puts the mother to sleep also puts the baby to sleep. In effect, the doctor is anesthetizing two patients. One—the mother—he can watch. Minute to minute he can check her responses. But, beyond listening to the baby's heartbeat, he has little knowledge of how his other patient is doing. Everything indicates that babies on the point of being born are more susceptible to anesthetics and pain-killing drugs than the mother. Often, mothers get enough drugs to remove only the sharper bites of pain; yet babies are born blue and apparently lifeless. They have been drugged to a point where heroic measures are often necessary for revival. And in some sad cases, even these heroic measures aren't enough to inaugurate breathing.

A generation ago the death toll to babies from "twilight sleep"—morphine to erase pain, and scopolamine to blank out memory—became a national scandal. Many physicians feel that the widespread and often indiscriminate use of anesthetics today may approach similar proportions.

Often, women are given a sedative to allay fear and lessen pain in the very earliest stages of labor, depressing the mother and reducing the supply of vital oxygen

day



With what we already know, women and their doctors can work together to save the lives of many of the newborn.

by J. D. RATCLIFF

to the baby. And drugs given within one to four hours before birth depress the respiratory center in the baby's brain—dulling its urge to breathe.

Perhaps the best evidence of harm done by anesthetics, and pain-killing analgesics, is to observe what happens to infants when they are *not* used. In the absence of drugs, most babies are born awake and alert. Up to 98 per cent of the time they take the first breath without prompting, and without help from the physician. In contrast, when pain-killing drugs are used, babies have breathing difficulties 26 to 55 per cent of the time—depending on the amount used.

Damage to the baby doesn't end with initial breathing difficulties. Brain cells can survive oxygen want for only the briefest periods. If it goes on too long, permanent damage is done. Considerable evidence now points to the fact that many ailments—epilepsy, cerebral palsy and various other convulsive states—may sometimes trace to oxygen hunger at birth. Similarly, there is evidence that some cases of idiocy and feeblemindedness may root to the same origin.

Since experimentation with human beings along this line is out of the question, most evidence of damage caused by lack of oxygen comes from animal studies. In a number of experiments, newborn rats and guinea pigs have been denied oxygen. Then, later in life, they have been checked against their litter mates. Almost always, animals that got normal oxygen appeared healthier, more intelligent. In maze tests—where they had to run difficult courses to reach food—the oxygen-starved animals were markedly slower than their brothers and sisters. Many of the animals had paralysis and tremors suggestive of cerebral palsy in the human being.

Such observations prompted Dr. William F. Windle, then at Northwestern University, to say: "We are prone to blame inferior human mentalities on poor environment or defects of the germ plasm. Can it be that asphyxia at birth is partly responsible?"

A number of studies indicate that this is the case. One study of the birth records of 900 children who were mentally retarded, or suffered from epilepsy, cerebral palsy or other convulsive states—indicating trouble in the acting rather than thinking part of the brain—found that 70 per cent of them had suffered from asphyxia at birth.

"The prevention of injury to the child at birth is the most important part of preventing cerebral palsy," says Dr. Helen Wallace, director of the Bureau of Child

Health in the New York City Health Department.

These facts aren't recited to frighten prospective parents, or to indicate that a few whiffs of ether will lead to death or idiocy. Facts won't support such an idea. Remember, only one out of 93 babies dies the first day of life. And many infants survive the most profound anoxia—oxygen starvation—without ill effect. One prominent physician told me: "The most serious case of anoxia I ever witnessed occurred when I was just starting the practice of obstetrics. It required over an hour's hard work to inaugurate regular breathing. Last year that infant graduated from a leading university in the top third of his class."

Still, everything indicates that greater wisdom and greater caution is needed in obstetrical anesthesia. Dr. Nicholson J. Eastman, professor of obstetrics at Johns Hopkins University, notes: "Reluctant though we may be to admit it, we still have no medicinal means of relieving the pain of labor which does not carry with it some slight hazard to both mother and child. As a matter of fact, the hazards imposed on mother and child by obstetrical analgesia and anesthesia constitute one of the most important problems in all obstetrics."

Some doctors defend the use of large amounts of pain-erasing drugs on the ground that women demand that birth be as completely painless as possible. Many, indeed, prefer a complete blackout. Physicians say that when they fail to meet these requirements they find themselves without patients. Result: drugs are often used too early, sometimes slowing or stopping labor contractions, thus imperiling both mother and the infant. Or enough may be used to drug the baby into sound sleep so that drastic measures are required for revival.

Aware of this, a growing number of women are asking for the "natural" method of childbirth proposed by Dr. Grantly Dick Read of England. Mainly, this consists of conditioning the mind of the prospective mother to the fact that birth is a natural process, and is not to be feared. Fear only tenses muscles, and makes delivery more difficult. In addition, the natural method includes a series of elaborate exercises which strengthen the muscles that will assist in the birth process. Thus prepared, many women are able to have their babies without any anesthesia. Others get by with only minimal amounts.

Miss Hazel Corbin, of the Maternity Center Association in New York, an organization concerned with better maternal and infant care, observes: "When they think of labor, most women think of pain. They should be taught to think of it as work."

For a growing number of women, "natural" childbirth offers the allure of healthier babies given a better start in the world. Yet the fact remains that many women are *not* able—either physically or emotionally—to face the stress of childbearing without some pain relief.

Aware of this sharp cleavage of opinion among women, many doctors are proposing a middle course. They believe in telling women frankly that there is no such thing as a completely safe method of obliterating the pains of childbirth; and that the too liberal use of analgesia and anesthesia *may* endanger the life or health of the baby. They ask such patients to face as many pains as possible without asking for sedation; but assure them that once they do ask for relief, they will be given it. Under such guidance, many women will face the first stages of labor with a minimum of drugs.

Dog's Life

You licked their freckled fingers, Pup,
With warm and slobbered tongue . . .
You suffered them to "dress you up"
And set you on the rung
Of Brother's ladder (circus act),
Then, ride the handlebar
Of Brother's bike, and Sister's trike
And, crammed in Brother's car
Or Sister's buggy, play at "house" . . .
They dragged you up a tree
And labeled you a "Tarzan dog."
But now, at last you're free . . .
For they've departed . . . off for school.
I'd think that you'd rejoice.
And yet, my pup, I do suspect
To hear your injured voice
That you can hardly bear to wait
Till school lets out at four,
And they dash home to drag you out
And make you "play" some more.

Margie Welch Westcott

Thus, part of the solution appears to lie in better patient-physician cooperation.

New drugs being developed also offer hope of solving part of the problem.

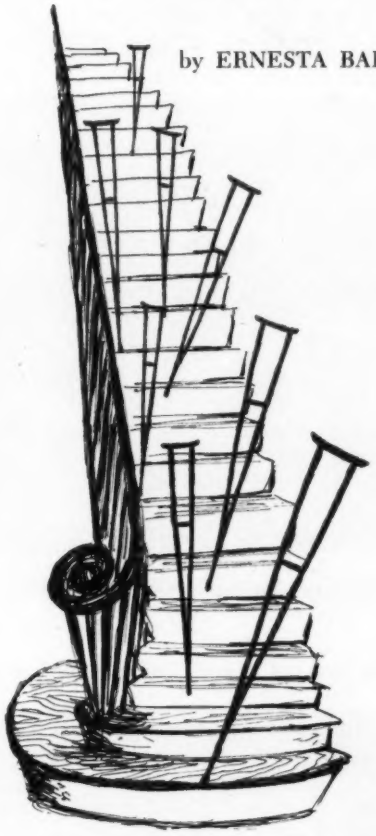
Better care of the newborn would also lessen damage done by oxygen starvation. Many hospitals are still using antiquated methods of inaugurating the first breath. They slap and pummel babies, and "tub" them—alternately dip them in tubs of hot and cold water. These things failing, the physician may cup his hands over the baby's mouth and attempt to inflate the baby's lungs with his own breath. All such efforts consume precious time and increase the hazard of permanent damage to the brain.

Infant resuscitators are far more effective. They range from tiny face masks which administer oxygen, to elaborate heated bassinets equipped with intricate oxygen apparatus. Scientists are constantly improving these devices. Resuscitators have been on the market for many years, but a great many hospitals still lack this equipment. Cost is low—the range is about $50 to $800. If your hospital does not have a resuscitator there would be a no better gift from a civic group—particularly a women's organization. A list of "accepted" resuscitators can be obtained from the American Medical Association, 535 North Dearborn, Chicago 10, and the choice of apparatus should, of course, be left to the hospital obstetrical staff.

Sum up. We have made heartening strides against most diseases but far too little for that most important person—the newborn baby. We can do a great deal to reduce the hazards of the first day of life. Women can play a major part by facing, with greater courage, the pains of childbirth. Doctors can contribute by boasting less of painless accouchements and more about the health and vigor of infants that come from their delivery rooms. Hospitals can help by seeing that everything, including oxygen equipment, is instantly available for the welfare of the newborn. When these steps are taken, a greater proportion of pregnancies will have a happy ending.

Frustrations of the Fractured

by ERNESTA BARLOW



A series of lectures on the use of crutches would help, but what the Brethren of the Broken Bones really need is a good psychiatrist.

THOUSANDS of people in the United States break a bone or sprain a joint every year. Maybe half a million. That is my own figure; I am rising above that ant's task of corroboration: it would take months of research, and by that time I will again be in one piece and no longer interested in the subject.

It seems to me a major medical scandal that we are wholly unprepared for our experience. Volumes have been written for prospective mothers and prospective fathers; on growing up, on growing old; on marriage, on prolonged illness, on every conceivable situation requiring adjustment to meet its psychological implications.

But has anyone ever written a word or given a lecture course for us, the forgotten 500,000? Instead of staying awake nights over our problems, we are supposed to be covered by that pernicious doctrine of good sportsmanship, the old school tie stuff: just take it on the chin and never complain. Go about smiling on crutches or in slings. Only a broken leg or broken arm, you must say lightly, and change the subject.

Without further delay someone should prepare a manual for us.* It must be written in sympathy, in warning, to the wide brotherhood of the fractured, and all sportsmen should carry it as surely as young men carry their draft cards. The most important thing to set down at the outset is the fact that a surgeon is of minor importance. What any fracture case needs is a psychiatrist. But have nothing to do with him unless he, too, is friable; without personal experience, he won't know the score no matter what he charges. At the moment I am looking for one who will, who must, understand my frustrations, the serious change in my character. From having been the most sweet-tempered, the most reasonable of human beings—this again is my own conclusion—I am now vicious as a cobra. For two cents I'd chew anyone's ears off.

It happened this way. I was walking across Union Square in lower Manhattan. The day was fine, the pavement smooth, my flat-heeled shoes a perfect fit. Without warning my foot turned under me, something snapped, I pitched forward and caught myself. Sharp pain reached the pit of my stomach; in a minute the acute stage passed and I walked home with a carefully syncopated gait. No more drama to it than that.

"Sprained my ankle," I said to my baseball-playing nephew at the front door. "Too bad," he said, "let me strap it. I learned on mine." To walk on it, both of us had heard somewhere, helped a sprain to heal.

A few days later—the nephew being absent and all not too well with the ankle—I went to a doctor to get a fresh strapping, only to find that medical science has made no progress since Galen in the field of removing adhesive tape. They still rip it off with your top layer of skin sticking to it. After a routine x-ray the doctor pointed out a crack in one of the small bones. I only thought how beautifully all those little bones fit together. Then his matter of fact voice hit my eardrums like the clash of cymbals:

"You won't be able to walk on this for six weeks or so."

"What!" I shouted. "Not walk *(Continued on page 63)*

**That is exactly what* Today's Health *proposes to do. Watch for "How to Use Crutches" by Danette Evans.*

Blind Boys Tackle "Toughest" Sport

Photos by Douglas Grundy (Three Lions)

ROWING a paper-thin racing shell over the choppy waters of a river or lake requires good group coordination, a well developed sense of balance and rhythm, and strenuous, sustained effort by every member of the crew. Many consider it the toughest sport of all. But when blind boys accomplish the job—imagine stepping into a tippy boat blindfolded!—it becomes a real achievement. That they can do it successfully is proved each time a shell glides down the Harlem river, manned by a crew of teen-aged boys from the New York Institute for the Education of the Blind.

The school's athletic director, John Hordines, was convinced that teamwork in school would help his students develop the ability to mix with people. Rowing was his answer, for in crew, while sight would make it easier to develop the necessary sureness of balance, it is not essential. Rhythm and precision are the prime skills.

Starting with a group of 20 boys who could swim, Hordines' first job was to condition them for the strenuous sport. He rigged a narrow walking bar to help strengthen their deficient sense of balance. Every day each boy had to walk back and forth on the bar until he could navigate it without touching the floor. Use of regular gymnasium muscle builders increased their strength, wind and staying power.

Soon four man crews of blind oarsmen were on the river, using equipment contributed by various Eastern universities. The boys lock their own oars in position and make all adjustments of footgear. The only concession to their handicap is a thumbtack in the handle of each oar so they can keep it in the correct position for pulling. A sighted coxswain steers and calls the orders. He also directs the ticklish operation of swinging the fragile boat in and out of the water from the pier.

The boys are proud of their accomplishment in a sport that had hitherto been denied them and look forward to the day they will compete in equal contest with sighted rowers. Guided only by the call of the coxswain and their own sense of rhythm, they feel, rather than see, their way to confidence.

The blind boys must make a special effort to gain a sure sense of balance—so important in rowing.

Each boy locks his oar and makes other adjustments.

Being part of a team is a new and happy experience.

Getting the fragile shell aloft and into the water is a delicate operation guided by a sighted coxswain.

Coach John Hordines shows a beginner how to sit properly in the narrow, four-seater pratice gig.

A thumbtack in the handle tells if oar is in position.

Someone "catches a crab" as his oar hits the water.

By practice the boys learn to handle their equipment.

They must dry the shell after use to prevent peeling.

Coronary thrombosis

by WILLIAM A. R. THOMSON, M.D.

THE diagnosis of "heart disease" is feared by all of us, and not without reason. As long as the heart beats there is hope, but we all realize that if the heart stops beating we will die.

The ability of the heart to function depends primarily on the state of the heart muscle or myocardium, as it is technically known. Our existence, therefore, depends largely on the state of the blood vessels that bring nourishment to the myocardium—the coronary arteries. The heart can, of course, be damaged by other disease processes. For instance, the heart may fail because it is irreparably damaged by an infection as in rheumatic heart disease, or by poisons or toxins as in diphtheria.

Today, however, most of these infections and toxins are coming under control with the help of sulfonamides and antibiotics. Rheumatic heart disease is still an unfortunate exception. In striking contrast, the incidence of coronary artery disease is steadily rising and, of all forms of coronary disease, coronary thrombosis is the most serious.

Coronary thrombosis is more accurately called acute coronary occlusion. It will be simple here, though not strictly accurate, to assume that the two terms are synonymous. Occulsion or blocking of a coronary artery may develop slowly or rapidly. If it develops slowly, the heart muscle is gradually deprived of its blood supply. This manifests itself in the condition known as angina pectoris, characterized by pain under the breast bone brought on by exertion and relieved by rest.

If the occlusion occurs rapidly—acute coronary occlusion—one of two things may happen. If it involves a large artery or if it occurs in an already damaged heart, sudden death may result. Fortunately this is not anywhere near as common as the other consequence, the obstruction of a small branch of the coronary arteries. In such a case, chances are that the patient will recover.

We still do not know the primary cause of coronary thrombosis. We know much more about it than we did even 20 years ago, but the underlying cause, which is the same as that of arteriosclerosis or hardening of the arteries, is still unknown. Coronary thrombosis occurs, in most cases, in a coronary artery that has become thickened and hardened so that its channel is gradually narrowed. When this narrowing reaches a certain stage, the blood in the narrow channel is likely to clot. This completely blocks the artery, thereby depriving the part of the heart muscle supplied by this artery of its blood supply. Until we solve the riddle of why arteriosclerosis develops, we can do little to prevent coronary thrombosis.

Some facts, however, we do know about coronary thrombosis. It is mainly a disease of middle life, relatively uncommon in people under 40. It is more common in men than in women; and it is more frequent among professional workers than among manual workers. Heredity is an important factor. It had long been thought that stress, particularly mental and emotional, was greatly responsible, but heart specialists are no longer so convinced of the importance of this as they were, say, 20 years ago.

It strikes more people than ever,

A more debatable problem is the relationship of smoking to coronary artery disease. Almost as much ink has been used in discussing this problem as in discussing the effects of alcohol. A careful review of the evidence suggests that with our present knowledge the only possible verdict is the wise old Scottish one—"non-proven." In a recent analysis of 1000 cases of coronary artery disease, a distinguished London heart specialist reported that 17.6 per cent of these patients were nonsmokers, 42.6 per cent smoked moderately and 39.8 per cent were heavy smokers.

How does coronary thrombosis show itself? As already mentioned, it may prove immediately fatal. This is relatively rare, however, and the usual course of events is as follows: The victim is generally a middle-aged man who may previously have suffered from angina pectoris. While sitting quietly, or sometimes while resting in bed, he is suddenly seized with excruciating pain over the heart which rapidly spreads all over the chest and sometimes down over the abdomen. The pain is so severe that he twists and turns in a vain attempt to find some position that will bring relief. The patient is often nauseated

and rapidly passes into a stage of collapse. If efficient treatment is administered, and this usually involves admission to a hospital, this alarming picture gradually changes. But even in the mildest cases at least six weeks' rest in bed is essential before the patient is allowed to move about again.

Without discussing in detail the technical methods of recognizing coronary thrombosis, we will refer briefly to one method—electrocardiography—because of its great importance. Though coronary thrombosis may, at times, be one of the easiest conditions to recognize, some cases are difficult to diagnose. In these cases, the electrocardiograph is invaluable.

This instrument records on photographic paper the electrical activity of the heart as it is transmitted through wires attached to the limbs and chest of the patient. The record of a normal heartbeat shows the electrical impulse following a constant path from one part of the heart to another. If, for any reason, the normal pathway is interrupted, the impulse has to follow a different pathway and this shows up in the electrocardiogram. When a coronary artery is occluded the part of the heart muscle supplied by the obstructed artery is no longer able to transmit the impulse, and an abnormal record is obtained. By comparing electrocardiograms and postmortem results in patients who have died from coronary thrombosis, doctors know the characteristic record produced by occlusion of either of the two main coronary arteries. It is practically always possible to tell if coronary thrombosis is present.

but chances for recovery are good.

This is one of the greatest advances in the study of heart diseases in recent years, and, indeed, some authorities believe that at least part of the increase in the incidence of coronary thrombosis is due to more accurate recognition.

Until we know the underlying cause of coronary thrombosis, treatment can only support nature's attempts (usually successful, fortunately) to deal with the situation. This consists of resting the heart as much as possible. In thrombosis, the area of the heart deprived of its vital blood supply degenerates. If this degenerative process goes too far—and rest helps to prevent this—one of two things may happen. Either the weakened area may rupture, causing instant death, or healing may be so unsatisfactory that fibrous tissue replaces the active muscle tissue. In that case the heart is permanently crippled.

If things go well, one of the most intriguing reparative processes in the human body occurs. Above the obstruction connections called anastomoses develop between the occluded artery and neighboring arteries. In time, the area originally supplied by the occluded artery is supplied by the neighboring arteries. In some cases this brings the blood supply of the affected area back to normal; in others it means that an adequate supply is maintained even though it is less than the original.

The aim of treatment is to rest the heart as much as possible until this wonderful healing process has occurred. The patient must rest in bed for at least six weeks because we know that the reparative process takes that long to become well established. Subsequent increase in activity must be slow. It is unwise for convalescence to occupy less than six weeks after the initial period of rest.

Some years ago, interesting experiments were carried out by surgeons in an attempt to improve on nature's efforts with the operation known as omentopexy. The omentum is tissue that helps anchor the intestines in the abdomen. In view of its excellent blood supply, it was thought that if part of it could be grafted to the heart, the additional blood it would bring would help compensate for the diminished supply from the coronary arteries. With great skill, surgeons successfully developed this intricate operation. Unfortunately, the results do not seem to justify the inevitable risk.

What is the outlook for the patient who has had a coronary thrombosis? First, it must be emphasized that sudden death from it is rare. *(Continued on page 67)*

Fritz Henle (Monkmeyer)

by VERONICA LUCEY CONLEY

Beauty and health

Bleach and freckle CREAMS

Here's advice for the days when outdoor complexions have outlived their season.

As fall rolls around many of us are thoroughly dissatisfied with our summer complexions. Even if we have not purposely exposed ourselves to the sun, we may find that our skin color is several shades darker than a few months before, or we may have accumulated a crop of freckles. While a darkened skin is often quite stunning with the pastel colors of a summer wardrobe, it may look drab and even sallow against the greens, browns and black of autumn. Many ask, "How can I return my skin to its pre-summer color?" The safest and surest answer is, "Let nature take its course."

"But what about bleaching creams?" To this I say:

"Such creams have been on the market for over 50 years. Their fight for recognition has been uphill. Let's look briefly at their history. Then decide for yourself whether you want to use them."

The desire for a fair skin does not represent a recent trend. Through the centuries debutantes and matrons have longed for lily-white complexions. Freckles apparently were as unpopular in Roman days as they are today* and freckle-removing preparations were in demand. A popular prescription contained willow seeds with saltpeter and sour wine. The Roman writer Martial, as he poked fun at cosmetics in the first century, revealed that preparations to lighten skin were used. He wrote: "Hair you bought, and teeth, and rouge, and wax to make you pale; you would have bought an eye as well—there wasn't one for sale."

Since then, we have certainly tempered our attitude by our glorification of a tanned skin. But by summer's end most of us yearn again for the peaches and cream complexion.

The problem of lightening the skin's color is complex. Skin color depends on:

1. The number of blood vessels present in the tissues and the degree to which they are filled with blood.
2. The natural inherent color of the materials which compose the skin cells.
3. Carotin.
4. Melanin.

We are concerned here with melanin, which is the factor responsible for freckles and tanning. It is this substance which bleach creams are claimed to affect. However, there are well-defined limitations, because melanin is normally found in pigment cells deep within the skin. In order to remove this melanin, the skin's depth must be penetrated.

This is the reason we cannot expect dramatic results from bleach creams which are within reasonable limits of safety. You may ask: "Are they in any way effective in lightening the skin? To this query we cannot give a clear-cut answer. They have been sold for 50 years and there is considerable demand for them today. It would seem on the basis of this history of use that they are at least in some way living up to the claims made for them. But since it is very difficult to measure the degree, if any, of skin-lightening which takes place, we cannot at the moment be more definite in our answer.

Here is the way they are claimed to work. The average bleach or freckle cream contains ammoniated mercury as the principal active ingredient. Such products are cosmetics because they are intended to alter the appearance and promote attractiveness. They are also drugs because they are intended to affect the structure and function of the body. Therefore, if ammoniated mercury is included in a bleach cream it will be listed on the label as an active ingredient. This chemical is a keratolytic agent, that is, it tends to break down and separate the tissues of the outer layer of the skin. In this way it hastens the normal process of sloughing or flaking of the epidermis. This rids the skin of pigment cells which have migrated up from their usual position as a result of stimulation by the sun's rays. As this layer sloughs off, it temporarily leaves a lighter skin. Some manufacturers claim *(Continued on page 72)*

**Among women, that is. Men are likely to think that, on the right girl, they look pretty good.*

They saved my sanity

A former patient tells about her life "in the asylum"—and what it's like to get well

EVER since I was discharged from an insane asylum— or "sanitarium" as they are now called in politer circles—people have been asking me questions. Even comparative strangers, once they discover I don't mind answering, are unable to restrain their curiosity. Half of them, I suppose, have read something like or more lurid than "The Snake Pit," or seen it in the movies. Naturally they want to hear at firsthand about beatings, strait jackets and sadistic nurses; they want to hear how it feels to be crazy; and a surprising number even have personal reasons for being pathetically eager to learn how I was cured.

This last group came as a surprise to me. In the conservative New England village where I live, mentally sick relatives are not considered fitting subjects for conversation. Before my own collapse I would hear occasional rumors that so-and-so had an aunt who had to be "put away." But such cases were remote, exceptional and sinister. It was my husband for whom this picture first changed. While I was "away"—and news immediately got out as to where and why—he found himself the object of numerous confidences and sympathy from people in similar positions who ordinarily never discussed their shameful secrets. By the time I got back he swore that half the town had a brother, a sister or a mother-in-law confined in a mental institution. Since my return I'm sometimes convinced he put the figure too low! Of course what it really is, in our town, I don't know. But nationally, ten times as many people are hospitalized for mental illness as for any other one disease. This leaves quite a lot of relatives, in any town.

I wish I could answer all the questions. But all I can tell is what I experienced and saw. Hospitals differ widely. My story is about only one and, as it happens, one of the best. It will certainly disappoint those who expect shocking revelations, but it may comfort those who must face the prospect of certifying members of their family. For essentially, curing the mentally sick is a humdrum affair; and the more competently it is handled, the more humdrum. The only thing sensational about my tale is that I was taken in violent and deluded and returned in better shape than I've ever been in my life.

The beginning was last March—and it was sudden. I had been a little nervous and sleeping badly, but nothing more. Then one night I kept the whole family up until breakfast telling them their assorted sins. By ten o'clock in the morning nothing was what it seemed; there were codes and mysterious meanings in street signs, the color of the dress I wore, the most innocent remarks I heard. Particularly I remember how everything said or done around me seemed some kind of elaborate joke.

I spent the next two months at a hospital with an excellent reputation, where I got steadily worse. I never escaped the impression that it was not a hospital at all, but an elaborate stage set, and all the other patients were hired extras. By June I was trying to break windows with my shoe and taking swipes at other patients. I was not considered hopeless but nobody was very optimistic. I was then sent to the Westchester branch of the New York Hospital—once known as Bloomingdale's—where I was discharged after seven months, not only able to resume normal life, but *more* able than I had ever been.

Nobody, I feel, could entirely account for this result. Psychiatry has not yet got to a point where its works can be completely explained. But Westchester County certainly has a system. And during my seven months there I saw it work—not consistently, but on an astonishing number and variety of patients.

This system can be described. In fact, it's simple. But the simplicity is that of a good restaurant where the more the chef knows about fancy sauces the more inclined he is to cook without them. Westchester County is conservative.

They began my treatment with electric shock. That's not, psychiatrically speaking, a fancy sauce any more. A mild electric current, passed through the brain for a fifth of a second, is merely a method of jolting a wandering mind back to the real world temporarily so that the patient can be reached by other methods—by the words and deeds of people around him and, to get very untechnical about it, by his own *(Continued on page 56)*

by MATILDA SHERLOCK

Teach Them CYCLING SAFETY

Three of four children killed in bicycle accidents are violating the traffic rules.

by THOMAS POWELL

ONE look at Jimmy Sutter and you could see he was practically bursting with pride. His parents had given him a shiny new red and chrome two-wheeler for his tenth birthday and he couldn't wait to have the whole town admire it. So after his well-stuffed party guests had left, he rode down Main Street, ringing his bell and waving to everyone he knew.

Seeing two of his pals riding ahead of him, he started to whiz around a double-parked car to catch up with them. Sure, a quick glance over his shoulder showed a big mail truck coming along the street behind him. But what fellow on a speedy new bike couldn't zip around a dozen cars before a lumbering old truck overtook him?

But Jimmy miscalculated a little. His right pedal hooked into the rear fender of the car. He was thrown heavily—directly into the path of the truck.

Jimmy was lucky. His life could have been snuffed out like the birthday candles he had extinguished so lustily an hour before. That mail truck, however, had an alert driver and good brakes. It squealed to a stop a scant two feet from the boy—who suffered a broken arm and head abrasions from his fall.

Yes, Jimmy Sutter was lucky. Lots of fine, promising youngsters don't have his luck. Last year, similar accidents claimed the lives of 400 children between the ages of five and 14. Not to mention another 15,000 injured, many for life.

And why? Three out of four of these casualties, reports the National Safety Council, were violating a traffic law at the time of their accident. And one-quarter of them were riding defective or improperly equipped bicycles.

Ask your child and some of his friends a few questions about traffic regulations, about good riding practices, about keeping their bikes in safe condition. Their answers—or lack of them—will appall you. "Why, they don't know the first thing about bicycling safety!" you'll exclaim.

Too many parents believe the magic words, "Be careful," are enough to protect their *(Continued on page 46)*

For cycling in today's congested traffic, the young rider should know and practice the safety principles presented in the accompanying article. The photos, reproduced by courtesy of the Bicycle Institute of America, illustrate some of the rules—and the violations which cause accidents.

A skilled rider is careful for the safety of others.

He keeps to the right, single file, and doesn't stunt.

Sidewalk cycling is risky for rider and pedestrian.

And using the street for quick repairs is even worse.

Passengers block sight, make bicycle hard to handle.

A friendly policeman provides tips for safe riding.

The Tuareg nomads of the Sahara are healthy people, but the wandering life makes their medical care a man-sized job.

ALL the way from In Salah to Timbuktu, from the Fezzan to the Atlantic Coast, stretches the dreaded *Blad el 'Atache*—the Thirst Country or Sahara desert. It is far larger than Europe and inhabited by little over 100,000 nomadic Tuaregs—the "Blue Warriors." They are divided into three main groups—Ahaggars, Azguers and Ouellimindens—and an infinity of minor tribes, loosely knit under the nominal leadership of an *amenokal* or overlord, who resides in the lofty Ahaggar mountains in the heart of the desert. The minor tribes, in turn, are divided into *amezzar* or encampments made up of ten to 15 families or 50 to 150 people tending about 300 sheep and 200 camels. The scant water and grass resources of the desert make this fragmentation imperative.

The Tuareg tribesmen have wavy hair and thick

Medicine for the Blue Warriors

by MAURICE MOYAL, Ph. D.

beards. They are fine specimens of humanity, well over six feet tall, broad-shouldered and narrow-hipped.

To provide medical care for these tribes that are always on the move is a man-sized job; but perhaps no physician could be better fitted for it than their French army doctor, Col. Pierre Blondin. Like his five medical assistants in charge of mobile medical units, he enjoys this rough outdoor life and loves the wide-open spaces of the desert, endowed with a charm all their own.

The main feature of his office at In Salah, just at the threshold of the desert, is an oversized map of the Sahara. It shows all the oases and wells, for everything in the desert revolves around an adequate water supply for men and animals. Col. Blondin knows where to find the nomad encampments because they follow a regular course from season to season. When the animals have grazed all the grass around a well and nearly exhausted its water, the pack camels are rounded up and the black leather tents are pulled down. The scant belongings of each household are carefully balanced on both sides of a camel's back and the *amezzar,* under the guidance of an old *amrar* or headman, wise in the ways of the desert, leaves for new pastures.

I accompanied Col. Blondin on one of his inspection trips. For the whole journey, the landscape was of barren, sandy stretches of the "reg" strewn with pebbles. The desert traveler finds a topographical memory a vital necessity: to lose one's way is to die. Centuries of ranging the Sahara have endowed the Tuaregs with a kind of sixth sense equal to that of the homing pigeon. When engaged in conversation a Tuareg will often draw maps on the sand with his camel wand. The topographical knowledge of the tribe proved a boon to many a harassed geographer. For more than a quarter of a century all North African maps were based on a sand relief of the Adrar-Ahnet chain of mountains modelled in an Algiers jail by a captive Tuareg chieftain who had made a daring 4000 mile raid against the Spanish Rio de Oro Reguibats. When the heart of the Thirst Country was at last explored, the Tuareg's calculations were proved uncannily accurate.

This was the sort of wilderness into which we plunged. We had seen no human beings for two days when I caught a glimpse of a number of black tents pitched irregularly around a high-edged well. The whole encampment—belonging to a fraction of the Ahaggar tribe—was on hand to greet us with truly ceremonial politeness. In stately procession, the tribesmen led us to the tent of their *amrar,* Tachcha agh Seraghda. We sampled some sickly sweet cups of minted tea while the women busied themselves roasting grains of coffee, then beating them into dust in a wooden mortar, punctuating with handclaps the beating of the pestle. The air was filled with the appetizing odor of crackling grease; lambs pierced through and through by boughs had been hung to roast whole over the fire. Etiquette prescribed that we eat with our fingers.

While we ate, the tribesmen told Capt. Paul Métier, in charge of the medical unit, in minute detail all that happened since his last visit. After we had had our fill, our hosts fell to. Not until the eating was finished could the physicians attend to their medical business.

The consultations were the strangest I have ever witnessed. Invariably, the opening was: "O *Toobeeb*—O Doctor—a djinn dwells in my stomach"—or chest or eyes. Since women wouldn't dream of undressing, stethoscope examination was a sticky business indeed. And no examination was considered worth its salt without this instrument. It had to be held against the most remote part of the body. Saharan doctors had to have a special stethoscope double the normal length to meet all requirements. The patients also clamor for injections—which they prefer exactly where the pain is felt. The bigger the syringe, the more confidence they have in it. The Tuaregs are inordinately fond of eye drops and castor oil, and to secure a dose of the latter they may even malinger!

In spite of the tremendous respect for modern medicine from the outside, native medicine flourishes when no French physician is on hand. Tachcha agh Seraghda is something of a hand at wound dressing. He told us that he would pry the wound open with his fingers and pour boiling molasses in it. Then he would tie it tight with a clean *chèche* —the Saharan jack-of-all-trades piece of cloth.

Among native medicines *haltita* or asafetida ranks high. Coarse black pepper, garlic, camphor and an odorless brown-gray powder of pulverized sheep dung are also used. There are some aromatic herbs, but the *amrar* was vague about them. The black pepper, I was told, is the desert equivalent of quinine. Garlic in sour camel's milk was considered a foolproof remedy in stomach-ache and camphor in chills.

Though the Tuaregs are easygoing in their observance of the Muslim rites—they forsake the five daily prayers that a True Believer is bound to perform—they staunchly believe in the efficacy of the leather amulets they wear around their necks. *(Continued on page 48)*

In defense of comic books

IN at least 20,000,000 American homes today there is a youngster avidly reading a comics magazine. Chances are there is a sizable stack of these magazines waiting their turn for his attention. The home may be humble or lavish. The child may be brilliant or dull. The fact is that this enthusiasm for the comics is universal in our current generation of youngsters.

Well over 75 per cent of all children between four and 19 are regular readers of comics magazines. Sales total between 60 and 70 million copies a month. More than 400 different comics magazines are on sale today. They constitute more than a third of all the newsstand reading matter in this country. The influence that this part of the reading diet has on children has become an important consideration for parents, educators, sociologists, doctors and, in fact, the entire population.

Now that the comics magazines have been popular for nearly 15 years, psychologists and educators have been able to make extensive studies of their effects and to develop some significant theories.

Comics magazines, they declare, offer an amazing potential. They can actually help mold their young readers into happier, more intelligent adults, if developed with that in mind. They can be conceived to catch the child's interest, give him fun and excitement in a decent moral and ethical framework, foster a realistic understanding of life and a sense of discrimination in literature and art. One authority has told me that if he could control all the editorial material that goes into comics magazines, he would be able completely to shape the future thinking of this country. That may be an extreme viewpoint, but many agree with him.

Sidonie Matsner Gruenberg, director of the Child Study Association of America and a recognized authority on the subject, expresses it in another way:

"We are dealing with a relatively new means of communication. Like movies and radio, in fact, the spoken or written word, comics can say almost anything one may want to say. However good or bad and whatever we may want to say or teach, comics can be more quickly and widely understood by young and old than the written word. The comics thus contain the possibilities of valuable, positive contributions to better mutual understanding and better living everywhere."

Another authority, Josette Frank, educational associate of the Child Study Association, adds that the comics magazine has a high potential value because its form is so acceptable to children and it can be timely and contemporary in a way books cannot. Here, perhaps more effectively than elsewhere, she adds, we can find an opportunity to give children forward-looking attitudes, ideas and ideals about the world they live in.

The effect of brutality, sex, sadism and cruelty in children's reading matter is self-evident. No comic book which includes such matter can ever be acceptable. The strict code of ethics set up by the Association of Comics Magazine Publishers has brought about the elimination of such scenes from the magazines published by association members. Every issue of the magazines put out by members is examined before it is printed by an arbiter retained by the association. It is his job to order any changes he deems necessary, and members must conform. Not all comic book publishers are members of the association, but many who do not belong carry on their own self-censorship. Alert parents may have noted some slow but significant results.

It is important that parents recognize the influence of comics magazines. It is useless to think that children can be prohibited from reading them and the task of selecting suitable ones thereby avoided. Unless a child is sealed in a cave it is next to impossible to keep him from reading comics magazines, since they are everywhere. Authoritative studies have shown that where parents forbid their children to read comics magazines, the children read those of their playmates and those they find lying around.

That points up the importance of selectivity. Some comics are "good," some are not. "Little Lulu" is one example of the good ones. It is the duty of the parent to provide this selectivity. The parent must make the choice and if he makes the proper one, his child will benefit considerably.

But what is the effect of comic books on children?

One of the most important contributions and one reason for the amazing popularity of such magazines is the outlet they provide for the normal frustrations of childhood. Living in an adult world, dominated by adults and forced to conform to patterns of behavior set down by adults, children naturally build up resentments. If they have some form of outlet, these lose their importance. For a child, the exciting adventures of a hero in a comic book offer a means of expression. Through them he can ease his inclination to pull the dog's tail or harass his baby sister, psychologists say.

"Comics are the folklore of the times, spontaneously given to and received by children, serving at the same time as a means of helping to solve the individual and sociological problems appropriate to their lives," says Dr. Laurette Bender of the psychiatric division of Bellevue Hospital and the New York University Medical School.

In studying the personalities of the heroes and heroines of comic books, though, scientists came across one of the first clues as to how comic books can be most satisfying for children. One extensive study showed that the best effects can be achieved if the heroes are not simply super-powered creatures who can move the world with a flick of the little finger. Such super-beings, while they provide the child with an exciting and gratifying form of self-identification, fail to give him something to imitate. He knows he cannot be so physically powerful himself. So he can only read for entertainment and escape. But if the hero is a normal, everyday type of person who has adventures exciting enough to keep the child interested but solves his problems through his own intellect or determination, the young reader has a hero after whom he can pattern himself.

The National Association for Mental Health, after an association-sponsored survey by psychiatrists, concluded last fall that comic books can be used to emphasize sound moral and ethical principles. Most comic books today incorporate a moral in their stories. Often, however, this moral is hauled out only on the last page and then in an utterly bald and perfunctory fashion. Child welfare experts have suggested that if the moral were actually a part of the story, and not just shoved down the reader's throat on the last page, it would make a much more effective impression—and much better reading.

Children of all intellectual levels and all cultural backgrounds read comics. Some of the most enthusiastic readers are children of exceptional intelligence, it has been found, and the most enthusiastic comic book readers may also read the greatest number of regular books. The New York State Li- *(Continued on page 52)*

by LEVERETT GLEASON

Former President, Association of Comics Magazine Publishers

Here is a well-known publisher's view of comic books. Another viewpoint will be presented next month by Paul Witty, noted teacher and psychologist.

W[illegible] R[illegible]UND

The [illegible] longb[illegible] take you out in th[illegible]r for hu[illegible]shing or just fun.

[illegible]USTIN H. PHELPS

I WAS driving leisurely along a Midwest highway when I saw a young lady in crisp white shorts beside a tourist camp. I stopped the car in a hurry and got out. Honestly, it wasn't the shorts. The young lady had just drawn the string of a longbow to her chin and sent a graceful arrow whistling into a straw target almost a hundred yards away. And she looked so tiny it seemed you could pick her up by the belt and lift her across puddles.

Up to that minute, I'd never been interested in archery. In my younger days I'd been an avid baseball-basketball-handball enthusiast. With the coming of the mid-thirties my doctor took a dim view of these weekend athletics and, under constant urging, I substituted golf and bowling for the more strenuous sports. Hunting had palled on me. I'd killed big and small game, and was reasonably sure that if the quarry got in front of my sights the game was over. So, approaching 50, I found nothing in the outdoors that seemed really new to me, and nothing that was a common denominator with my grown and growing active children.

The young lady took another arrow from the quiver at her feet. There was a soft "thunk" at its release. The feathers kicked up in a saucy flirt as they cleared the bow and arched gracefully to the target. It all looked so smooth and effortless that I was captivated. Well, a press card and gray hair give you certain rights not enjoyed by all people, including speaking to strange young ladies in white shorts.

Her name was Sue and she was a model; she learned archery at modeling school because it developed grace and poise. After graduation Sue kept on because she really liked the sport. She offered me the bow for a try. I weigh well into the 160s, and the idea of yanking on a bow this slender person could use was startling. I was afraid I'd break it.

"*Vitamins*" IN ARCHERY

But I put an arrow on the string, pinched it between thumb and finger and started to pull back. I got the string back about eight inches when my arm started to shake, my wrist and fingers hurt and I couldn't pull it back another inch! The young lady giggled as I made a more determined effort to equal her draw; the arrow slipped from my fingers and made a weak little flight of about 30 feet before it fell exhausted on the ground. I flexed my right arm and discovered I was not coming down with any insidious paralysis. I just could not draw the bowstring back!

Sue doubled up in peals of laughter.

"You're using what we call a 'pinch draw,'" she said. "You couldn't draw a child's modern bow that way. You have to put three fingers on the string—one above and two below the arrow. It takes 40 pounds of force to pull that string to my chin. Try it again."

I did. I pulled back to my chin, guessed at the proper elevation and released the arrow. So help me Hannah, it hit the exact center of the gold! From that moment I was won over to archery, even though I didn't even hit the target the rest of the day.

Sue was good enough to tell me of dozens of ways archery could be enjoyed by young or old, weak or strong, even by the physically handicapped. She told of how the completely blind had contests shooting with crossbows at a tinkling bell; how amputees or paralytics confined to wheelchairs enjoyed this sport in the open air, and of cardiac patients forbidden more violent exercise still enjoying a competitive outdoor sport. I learned that archery could be used for fishing; that it could be used in golf or roving or shooting a clout.

Sue and I talked archery until her parents got back and then she agreed to go downtown and help me pick out a bow. The day turned out better still, for her parents agreed to join us at our picnic table for a barbecue supper, and Sue crammed into the afternoon an exhibition of all the different types of archery games that were to afford the children, our friends and me many hours of healthful, enjoyable activity.

At the sporting goods store I found you can buy a usable bow for from $8 to $100. Eight dollars buys a plain lemonwood bow that will shoot an arrow just as straight and kill game just as dead as a custom-made Osage orange bow costing $75. But Sue told me that in time it would "follow the string," as archers say, and take a set that would reduce its power. Besides, it never has the "cast" of the good bows that, she assured me, I would learn to appreciate in the feel of the release and watching the arrow's flight.

For a little more money, a backing—fortisan, silk, nylon or something similar—is put on the bow to improve its action. Then we went into bows with recurved tips. Then came yew and Osage orange—the royalties of bowwoods. In olden days, for every tun of Spanish wine imported by an Englishman, a certain number of staves of yew bowwood had to be included, and each freeman had to shoot so many rounds each week. During these times Rodger Ascham wrote his famous "Toxophilia," which ties in all good and philosophical thoughts with the joys of shooting the longbow.

Modern inventors and explorers have tried to excel the efforts of old time bowmakers. Larry Leighton found a bow of amazing strength in the grave of a South American Indian dead hundreds of years. He sent samples of the wood to Washington, where it was identified as a rare black palm. Larry hunted the jungles until he found a few trees, shipped the lumber back to the States and patiently waited for it to season. By weight, it is stronger and springier than steel, and one of my delights is to hand a piece about the size of a tongue depressor to a friend and ask him to break it. The veins will stand out on his neck and forehead and his eyes will stick out so far you could knock them off with a stick. But break it he cannot.

Bows (and arrows, too, incidentally) are made of steel, and some bows are backed with whalebone. You pay your money and you take your choice. No matter what bow you select, you'll have fun with it. In no time your muscles will condition so that you feel you've outgrown the first bow and you'll pass it on to some other member of the family. And meantime he will

"Either this thermometer is out of order, or you're dead!"

have outgrown his own first pride.

You get measured for your arrows. The length of your arm determines the length of the arrow, and the length of the arrow determines the draw of the bow. In addition you probably need a wrist guard. You can omit this if you practice holding the bow a certain way with elbow at right angles to your arm plane with the ground, but if you drop that elbow even a trifle—and even experienced archers are likely to—the bowstring will hit you a whack on the wrist that leaves you black and blue for days. Either leather finger tabs or a shooting glove will save you from sore fingers after a few dozen shots.

I bought a recurved hickory bow of 60 pounds' pull, a fortisan-backed lemonwood bow of 40 pounds' pull and the other paraphernalia, and I spent less than $50. As an afterthought I picked up a small child's bow for $3; I have a six year old of my own and many nephews and nieces.

After the shopping tour, Sue decided our first sport should be archery golf. A rather bookish young nephew I had vainly tried to coax into any sort of outdoor activity looked askance at the bow and then grunted a lackadaisical request to go along. Sue walked out a sporting course in some neighboring fields, using clumps of trees and bushes for hazards. The course had dog-leg holes, and we even had one water trap across the edge of the lake. "Greens" were marked by red cloth tied to a bush or tree. We "holed out" by shooting a nine inch woolen ball. It was good fun. On the dog-leg, you could play it safe down the open field or take a chance on saving a stroke by shooting over the trees. On "putting," should you play it safe with an approach shot, or try a long one, knowing if you missed the ball your arrow would be farther from the green than before. We played six holes, and then—

"Say, Uncle Austin, let's play more of this. It's *fun*," exclaimed the bookish nephew, really excited about a sport for the first time.

We continued roving—just walking haphazard through the woods.

"See that yellow patch by those bushes?" Sue would say. "Let's see who comes closest." The next time the nephew or I would pick the target. At times intervening trees would mean a climb or a lost arrow. At other times an arrow would slither along the ground and defy discovery for a while. Time passed more quickly than we noticed and I was late for my chores at the barbecue pit. What appetites we brought back!

That evening Sue introduced us all to the fun of shooting a clout. It's basketball with arrows. She upended two peach baskets 100 feet apart. You had to shoot your arrows in the air and drop them into one of the baskets to score points. We kept up the game long after it was too dark to see distinctly.

I found that the bow revived a jaded zest for hunting. It takes a real hunter to get game, and you have all the fun in the world even if you miss. The thrill and the hushed expectancy as the arrow speeds toward its mark is not equaled in any other form of hunting. Every big game that lives—lion, Kodiak bear, huge crocodiles and walrus—has been killed in the last few years with the bow. Michigan, Minnesota, Wisconsin, Pennsylvania and other states have a special season when game can be taken only by archers.

Strangely, I think fishing with bow and arrow is the thing that amazes and amuses most beginners. A bow reel, consisting of something as rudimentary as a short piece of broomstick or a spinning reel taped on, holds the line, which is fastened to the arrowhead. The arrowhead should be fitted loosely to the shaft. Only rough fish, such as carp or buffalo, can be legally taken this way, but any pond where carp are leaping will provide thrilling sport that aids game fish in surviving and reproducing. You have to learn to judge the refraction, just as you have to learn to lead with a shotgun. But hit a 15 pound carp lazing along, just visible and, lucky hit or not, you'll do some whooping and yelling as you run up and down the bank playing that fish.

At some stage of the game you may happen on the crossbow and be intrigued. For the novice, a crossbow will propel an arrow straighter and harder than a longbow. Steel crossbows are made so strong that they cannot be cocked by hand but need a mechanical device, such as a "goatsfoot," which is a compound lever. Others have a stirrup to hold with your foot while you pull up with both hands. For some reason archers look down their noses at crossbowmen and have gone to court to prohibit crossbow use in hunting.

I have a crossbow. It does lack much of the thrill of watching the flight of the arrow from the longbow, though I can shoot it more ac-

(Continued on page 55)

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Teach Them Cycling Safety

(Continued from page 36)

bicycling children in the complex and terrifying maze of today's street and highway traffic. It simply isn't true.

What *can* you do to protect your son—or daughter—when he rides off on his treasured bike?

First of all, the time to start is not the day you give him a bicycle. It's long before that. Set a good example by always observing traffic regulations. And show him that you don't regard a bicycle as just a toy. It's a vehicle, with the rights and responsibilities implied by that definition. Impress that fact on him. Riding a bike, like driving a car, is a privilege not to be taken lightly.

When he is old enough for a bike —emotionally as well as physically old enough (streets and highways are no place for a nervous or emotionally unstable youngster on a bike)—get one that is the correct size for him. He should be able to reach the pedals and handlebars without stretching to insure control over the vehicle at all times.

Then show him how to ride it. Not many youngsters realize there's a fine art to handling a bike. Teach him to pedal smoothly, keeping his ankles flexible and arms and legs relaxed, not stiff as rods. A few hours coaching will make him a good rider, one who doesn't unnerve motorists by erratic weaving and wobbling all over the road.

How good a safety teacher are you? Your child, like every child, is full of bounce and naturally adventurous. He probably regards "being careful" as synonymous with "being sissy." Safety is often associated in youngsters' minds with authority. After all, the people constantly harping on carefulness are parents, teachers and the police, and what youngster doesn't, at least occasionally, resent their constant admonitions?

Here's a much better way to teach your child: show him that safe riding and skilful riding are the same thing. The best bicycle riders, like the best hockey players or the best racing drivers, are the fellows who don't have accidents. "A champ is so good at his sport he doesn't have to take unnecessary risks," remind him.

The same thing goes for a fellow on a bike. It's the experts, the really skilful riders, who take no chances, who know it isn't smart to run red lights, stunt in traffic and ignore signs. Make your youngster understand this and he'll soon be looking down his nose at daredevil Billy from the next block and calling him "that big dope."

What does your child know about traffic rules? Safety engineers say he should have as good a knowledge of traffic regulations as his auto-driving father. It's the best kind of life insurance.

Make sure he knows these vital safety rules:

1. Obey all traffic signs and signals.

2. Always ride single file on the extreme right.

3. Never hitch onto other vehicles or stunt or race in traffic.

4. Stop to see that streets and sidewalks are clear before riding out of driveways or from behind parked cars.

5. Watch carefully for cross traffic at intersections; dismount and walk across heavily traveled thoroughfares.

6. Never ride another passenger on your bike; carry books or parcels only in a basket or carrier.

Broken chains, loose handlebars, inefficient brakes—next to ignorance, these are the biggest killers. Dad can safeguard his youngsters' lives by spending a few minutes once a week checking over the mechanics of their bikes.

See that the handlebars and saddle are tight and at the correct height; replace loose or broken spokes, hand grips and pedals; check the chain for weak links and proper slack; brakes should take hold quickly and evenly; keep wheel nuts tight and tires inflated to the correct pressure; and examine the frame for weakness or cracking.

One out of three car-bicycle accidents occurs at night. Does your child's bike have a good headlight and an efficient rear reflector? For the latter, expert wheelmen favor the new reflectorized tape which reflects auto headlights brilliantly at distances of several hundred feet. For maximum protection, attach strips of it to bicycle frames and handlebars as well as rear fenders.

Through the P.T.A., American Legion and other organizations, parents can back police and school safety campaigns. By aiding in bike inspections, forming bicycle clubs and sponsoring bicycle ordinances and licensing (which, incidentally, cuts down thefts as well as accidents) we can help guard all the children in our community.

A lot of hopes and dreams can wither in a second of carelessness. That second need not be, if we do our job well. If we give our children real understanding of what safety means, backed up by concrete knowledge of safety practices, we can watch them go off on their bikes with no fear that the grim specter of the bicycle accident is riding with them.

Home Sweet Home

Magazines tell us
By hook or crook
To give our houses
A lived-in look.

The unwashed dishes
In the breakfast nook
And the flour spilled
By a teen-age cook
Give the kitchen
That lived-in look.

On the parlor rug
The puppy shook
After his bath—
The lived-in look.

On the dining table
A rod and hook,
A piece of zweiback,
A library book,
And the undarned socks—
The lived-in look.

Our decor isn't
From any book.
But we certainly have
That lived-in look.

Nocella Young

Meat...

and the Prevention of Body Wasting in the Aged

Medical science now points the way to the retarding of muscle wasting and that of other body tissues so common among old people. In many instances body wasting in the aged results from a prolonged inadequate protein intake. Studies of the eating habits of the aged show that protein deficiency is one of the most common and most glaring deficiencies in their daily diets.

Although body wasting appears to be one of the most striking changes of advancing years, it is not a necessary accompaniment of old age. Healthy elderly people utilize food virtually as well as young adults do. To help prevent tissue wasting, aged persons should receive as much or more protein than is required by younger adults. Hence a daily diet properly adjusted to body needs, especially in contained protein, can help retain in considerable measure the physical fitness of earlier years despite the advance of age.

A diet providing sufficient amounts of protein-rich foods, such as meat, is essential for maintaining a sound body in old age. Meat supplies high quality protein, the kind the body can utilize for tissue repair and regeneration, and also provides excellent amounts of the B group of vitamins—biotin, choline, folic acid, inositol, niacin, pantothenic acid, pyridoxine, riboflavin, thiamine, and vitamin B_{12}—as well as iron and other minerals.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

American Meat Institute
Main Office, Chicago...Members Throughout the United States

Medicine for the Blue Warriors

(Continued from page 39)

They believe that certain passages of the Koran enclosed in the amulets ward off illness and misfortune.

For all that, the Tuaregs are ideal patients for the *Nassaras*—Christians—and receptive to the doctor's prescriptions. He can even prevail upon them to wash twice daily, a thing most distasteful to them. In the Sahara, water is rare and precious, and no tribesman would dare waste it to wash if he were in good health.

Is life in the black *ehakit* dirty? There is any amount of healthy dirt, but no germ-spreading filth: lice are unknown in the Sahara. The Tuaregs live next to the earth and the earth itself is a purifier, as are the wind and the sun. The Tuaregs have a distinctive odor, but it is not sour; it is dry and pungent, like the smell of a squirrel or bear. A man living their life with European clothes would be in a disgusting state. But through their loose, flowing garb, the air circulates freely.

This costume is made from blue Sudanese cotton which begins to fade as soon as it is worn, and the more it fades, the higher it is prized. This blue cloth and the fact that its indigo dye comes off on the skin accounts for the nickname "Blue Warriors."

The most conspicuous feature is the veil, called *litham* in Arabic and *tagelmoust* in the Tamashek of the Tuaregs. Only their eyes remain uncovered. The Tuaregs never lift this veil even for eating or sleeping. Most outsiders suppose that the veil is worn to protect the mouth, nose and skin from the sirocco, that withering desert wind. The veil certainly does this, but it is not the main function.

This Tuareg custom goes back to the dawn of mankind. To the primitive man, soul and breath were the same thing, and the soul could accordingly escape the body via the mouth and nostrils. The veil of the Tuareg averts this danger. In the Tuareg way of living and their tools there are many other things that can be traced directly back to early man. They wear stone armlets that are at the same time weapons and decorations. Their iron hatchet-heads are not fitted with a socket but, in stone age fashion, are tied to the handle with leather thongs.

The diet of the people is marked by taboos. Perhaps the Hoggar mountains are the only corner of the earth where hens are not to be found: the Tuaregs will not eat eggs or poultry. The oasis people regard the *ourane*—a large lizard—as a delicacy, but Tuaregs will not eat it, on the totemistic ground: "He is our uncle on our mother's side."

According to Col. Blondin, there is a startling difference in the health of the settled *hartanis* or oasis-dwellers and the nomad Tuaregs. In the oases, strewn with babbling rivulets under the shadow of the palm, lurk many diseases unknown among the Tuaregs. If the desert is the Thirst Country, the oases could aptly be called the Hunger Country. Palm trees and irrigation water are mainly owned by absentee landlords, and the daily wages of an average laborer add up to a few pennies and a handful of dates. The oases are mainly inhabited by the vanquished of life. Hunger and fever have combined to sculpt dreadful anatomies, ill-concealed beneath dull, pustulous, dirt-colored skins corroded by skin diseases. Apparently, this pitiful population sustains itself through sheer

miracles of intestinal assimilation and age-old habits of fasting.

No wonder these *hartanis* have developed strange diseases of the will. For instance, in Zeramra, a tiny speck of life made up of a dozen families lost in the inhumane loneliness of the Sahara, the life-giving water canals were falling into gradual disrepair. For years, the oasis people could not take it upon themselves to make repairs. At last, confronted with the inescapable withering of the palm trees, they respectfully petitioned the French authorities of the *Confins Sahariens* not to advise them to set to work, but to issue them a stern order to do so! Of course, they knew Zeramra was too far away and the matter too trivial to warrant the dispatch of a French supervisor to the spot, but they hoped an official order would, by itself, be a stimulus powerful enough to overcome their indecision!

No doubt, these people would gladly emigrate to places where life is easier if they only knew how to get there. But they are tied to their palm trees by invisible chains. For them, the surrounding desert holds untold terrors. For days on end, the whole Thirst Country speaks with a continual muffled drumming. This is the dreaded "sand dune drum," an evil omen of death to these superstitious people; to them it is the voice of Ghul, a fabled character who bars the desert to intruders.

But out in the desert, the Tuaregs are generally healthy. Tuberculosis is rare among them and venereal disease almost unknown. Generally speaking, the Tuareg flesh is heir to only two diseases—rheumatism and arthritis. Their leather tents, hardly larger than umbrellas and affording poor protection from the sometimes freezing cold of the Saharan nights, may have something to do with this, and so may their irregular diet. At first sight, the proportion of old people among the Tuaregs is high, but they are strong and nimble oldsters. Even octogenarians ride long distances on camel-back.

The Tuaregs' most usual complaints are those connected directly with sand, irregular diet and lack of water. Almost half of the cases dealt with by Capt. Métier were eye diseases, a third were skin diseases and the rest were various disorders of the digestive organs.

Now and then, Capt. Métier has to deal with one or two cases of malaria. Only the well-to-do among the tribesmen are subject to this disease: they contract it while picking the fruit of the palm trees they own in some damp, malaria-ridden oasis. Truly the dry air of the desert seems to kill bacteria and keep the "Blue Warriors" healthy.

Continuous quality year after year

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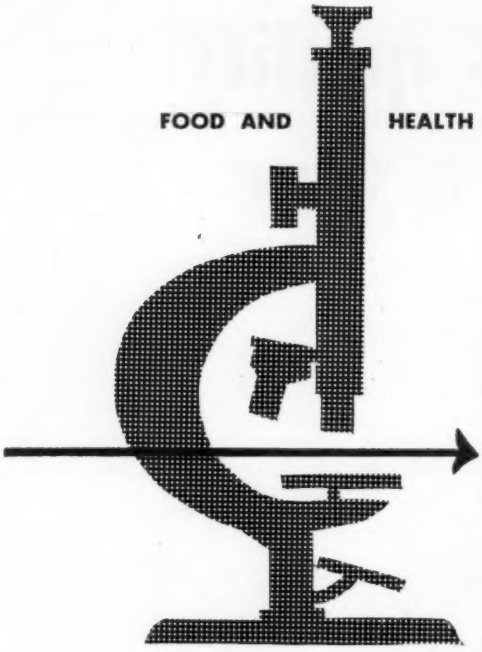
FOOD AND HEALTH BY ANNA MAY WILSON



WHAT IS A WHOLESOME FOOD?

"TRY asking almost anyone for a definition of a wholesome food and you will get an interesting answer. Some people will start counting off yogurt, blackstrap and another three or four items. Other people will say 'vegetables—all vegetables,' and still others will talk about ham and eggs and 'good red meat.'" So spoke my favorite medical nutritionist. I know people who would define wholesome food in just those various terms.

"But what," I asked, "does the medical profession expect of a wholesome food?"

And this is what he told me:

For many years it has been recognized that nutritional status is closely related to the quality of foods eaten. A wholesome food must therefore make a significant contribution to human dietary needs. It has also been recognized that wholesome food must be clean and free from foreign matter that may get into it as a result of careless or uncleanly methods of growth, storage or processing. Disease-producing organisms have no place in foods intended for human use and must be kept out.

Few would quarrel with these basic principles, and our national laws and local regulations are pretty much based on them. From such hazards we now have a degree of protection by law.

But the recent development of a large number of chemical technologic aids has made it necessary for us to re-examine our ideas of wholesome food. We need to answer the question: Is our food free from chemical additives that may be harmful either directly, as a poison, or indirectly because they replace more wholesome nutrients?

Nitrogen trichloride with the trade name agene, which for many years was used to "age" and bleach flour, is a chemical additive that was not excluded by our pure food laws. But it was eventually discovered that dogs who ate bread made from such flour were thrown into running fits. As for human beings, we don't know how much of their cussedness could have been accounted for by the use of agene, but medical nutritionists in this country were convinced that flour is better without it.

For about 25 years most of us, without even knowing it, ate bread made from agene-treated flour. When the harmful effects of this flour "bleach" were made known by physicians and scientists, a cooperative milling industry voluntarily barred its use in the United States without action by the Food and Drug Administration. It took a re-examination of our ideas of a wholesome food to make us aware of the problem.

Other chemicals found their way into our daily food during and since World War II and some we find objectionable. One is polyoxyethylene monostearate, which the secretary of the A.M.A. Council on Foods and Nutrition discussed in these pages last month. This chemical is added to bread not to increase the nutritive value, but to make it seem fresher than it is, or give it a smooth texture that will increase the sales appeal, or make it resemble bread that contains more shortening, eggs or milk than it contains.

All of these reasons for adding the chemical are commercial. None of them nutritional.

Nobody has proved that these chemicals are harmless to the human race when added to the daily diet day after day. Neither did their promoters inform us that by substituting a pinch of cheap chemical in place of milk, eggs or shortening in our baked goods we could be shortchanged nutritionally while eating a superior-looking product.

I can't help remembering Snow White and that beautiful poisoned apple she ate. It put her to sleep in spite of its perfect appearance.

The most progressive members of the baking industry have ceased to use these deceiving additivies, but as yet they are not outlawed.

What should be done about this—not just about the derivatives of polyoxyethylene, but the use in our foods of any new chemical additive?

The medical nutritionist believes that the burden of proof that additives are safe and desirable properly rests with the producers, purveyors and promoters who are responsible for their manufacture or use on or in foods.

The American Medical Association's Council on Foods and Nutrition has emphasized the need of proof that additives, intentional or unintentional (such as pesticide residues), are safe. The possibility of chronic as well as acute illness from their use must be determined. Such medical studies must be completed *before* newly proposed chemical "aids" are introduced into foods if we do not want ourselves and our children to be used as human guinea pigs.

When additives are included in food they should first be proved safe beyond reasonable doubt and it should be shown that their addition is in the interest of individual or national health.

Just how can we protect ourselves from these substances that we can't see, taste or feel, or even know what they do to us by reading their chemical description on a label?

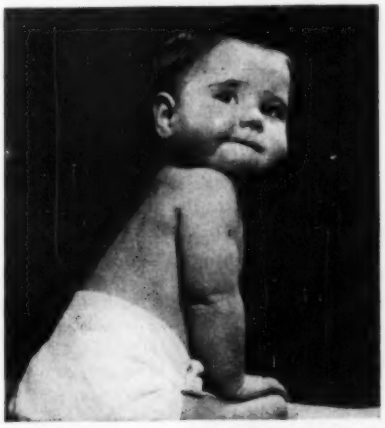
Since this is a democracy, we have the privilege of establishing rules for our own protection and we can provide that these rules are carried out effectively and honestly, in the interest and for the protection of all of us. The normal way we provide such

Technical Ticklers

The following questions are based on information in this issue of *Today's Health*. Turn to page 53 for the answers.

1. At what age is the swallowing of foreign bodies most common?
2. What percentage of car-bicycle accidents occur at night?
3. How many pounds of pull are required for an archer to draw his arrow into shooting position?
4. To what diseases is overweight considered a contributing or predisposing factor?
5. What causes overweight?
6. What is the aim of the treatment of coronary thrombosis?
7. Why are chemical additives included in many manufactured foods?
8. What is the basic action of shock therapy?

Now bleach baby clothes safely with new 'snowy' powder bleach!



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A gentle powder bleach that is completely safe for precious baby things has won the confidence of today's mothers. It's Gold Seal's new "snowy"—the first powder bleach to be accepted for advertising in publications of the American Medical Association.

"snowy" leaves diapers sweet-smelling and fluffy. Its gentle bleaching and water softening action keeps dainty layettes, baby dresses and blankets spotless and fresh as the sunny outdoors. Non-irritating and harmless to delicate skin—there's less chance of diaper rash.

Easy to use . . . in package with handy pour spout . . . "snowy" rinses out quickly, completely. Safe for septic tanks. Costs only pennies per wash.

Nurses, too, find "snowy" powder bleach wonderful for keeping nylon uniforms sparkling white, bright and new looking!

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'snowy'

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"snowy" and Gold Seal are trade-marks. Gold Seal Co., Bismarck, N. Dak.

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See this new, improved Vapor-Master at your appliance dealer's — also many other Hankscraft Baby Appliances.

THE HANKSCRAFT COMPANY
REEDSBURG, WISCONSIN

protection is through our elected representatives. It is one of their duties to provide for the common defense.

In an election year congressmen are a little more sensitive than usual to our needs if we will only let them know.

It is true that progress in the last few years has involved a tremendous number of additives; but we must always remember that the ultimate object of all these things is not to soften bread or improve texture of cake or make tough old roosters into tender birds. The ultimate object is to produce *wholesome food for human beings.* If an additive is not in the interest of individual or national health, then in spite of how much it may do for our animals or our food crops, or our marketing system or chemical industry, we must back up and start over again.

America must continue to provide wholesome food for you and me, our families and our neighbors. Human life and health are precious.

In Defense of Comic Books

(Continued from page 41)

brary is one of the many authorities for this fact.

Dr. Paul Witty, professor of education and director of the Psycho-Educational Clinic of Northwestern University, has found in his studies that while gifted children read about as many comics as other children when young, they lose interest in them sooner and develop a balanced reading pattern earlier.

Comic magazines already are helping children in their education. A Columbia University professor, strolling through New York's Central Park one afternoon, came upon a tiny child seated on a bench with her mother and small brother. He judged the little girl to be about four and was admiring her as a cute youngster when he realized what she was doing. A comic book clutched in her tiny hands, she was apparently reading it to her brother—haltingly, it is true, but still reading it. Her mother sat by watching the passersby, only incidentally concerned with her child's accomplishment.

After watching the scene for a few minutes, the puzzled professor approached the mother and asked if her child was actually reading the comic book as she seemed to be or was merely repeating it from rote.

"She hasn't memorized it," the mother replied. "She reads some of the words. The rest she makes up. She picks out about half of the words and then figures out what the rest should be from the pictures and pretends she can read it all."

Dr. W. W. Sones, professor of education and director of curriculum study at the University of Pittsburgh School of Education, consultant for the Pennsylvania State Department of Education and the Carnegie Foundation of Teachers, says analysis shows a child reading a comic book is practicing the very same activities used in good reading instruction. He learns new word symbols through pictures of things or action or in the context of the story. His interest, Dr. Sones says, arouses the need for identifying new words in order to carry on the thread of the story and he gets practice in recognizing new words through their appearance in many different settings.

One educator actually sat down and counted the words in a comics magazine and then analyzed their value as an aid to children in learning to read. He was Dr. Robert L. Thorndike of the department of educational psychology of Teachers' College, Columbia University, who found that the comics magazine he used as an example had more than 10,000 words of reading matter. Any child who read just one copy of that or a comparable magazine each month would cover more than 120,-

Two Worlds

What do you see, Baby?
Tell me, what do you see?
It's just the water faucet
Dripping endlessly!

Why, really, I'm surprised.
Mother, can't you see—
Sunshine fairies, water elves
Playing happily?

What are you after, Baby,
What do you have in your hand?
See, Mother, a piece of blue sky
I've caught. Can't you understand?

Ruth C. Ikerman

000 words in a year. That would be twice the wordage of a fourth or fifth grade reader. Dr. Thorndike considered that the pictures undoubtedly aid in making the reading pleasant and attractive for children who would be unable to read the straight text without difficulty.

He concluded that such comics magazines offer an educational resource that provides many thousands of words of reading experience, introduces the child to a wide range of vocabulary, including many useful words that stand in need of additional practice by the typical child in grades four to eight, and provides interest appeal and picture context to make a vocabulary experience of a fairly advanced level attractive even to the retarded reader.

"The teacher and librarian should be aware of the positive contribution of these materials as an out of school supplement to the child's reading experience," said Dr. Thorndike. He

Answers to Technical Ticklers

(See page 51)

1. Eighty per cent of cases are in children under 15. ("First Aid," page 17.)

2. One out of three. ("Teach them Cycling Safety," page 36.)

3. For adults, about 40 to 60 pounds, depending on the bow. ("We Found Vitamins in Archery," page 42.)

4. Heart disease, high blood pressure, diabetes, liver disorders, gallbladder diseases, degenerative arthritis, hernias. ("Overweight, America's No. 1 Health Problem," page 18.)

5. Overeating. ("Overweight, America's No. 1 Health Problem.")

6. To rest the heart as much as possible until healing has occurred. ("Coronary Thrombosis," page 30.)

7. Usually to improve the food's appearance, make it seem fresher, increase sales appeal or make it resemble a superior product. All these reasons are commercial. Some additives aid nutrition. ("What is a Wholesome Food," page 50.)

8. It jolts a wandering mind back to the real world. ("They Saved My Sanity," page 34.)

LIQUID FOUNDATION BOON TO WOMEN WITH OILY SKIN

Much has been written about the problem of women with dry skin, but the woman with oily skin has been neglected. What is our fair lady with oily skin to do? Her make-up will not stay put. Her skin is prone to infection due to grime-collecting habits of oily skin.

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MARCELLE® FOUNDATION LOTION FOR OILY SKIN is available at leading cosmetic counters. For trial size . . . light, medium or dark . . . send 10¢ in coin for handling to Marcelle Cosmetics, Inc., Dept. H., 1741 N. Western Ave., Chicago 47, Ill.

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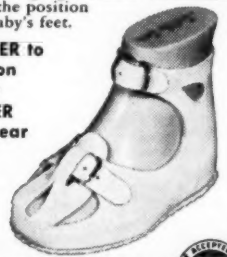

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TATTLE TOES • CHESTERFIELD
Shoes for Babies MISSOURI

was referring to those comic books that feature good grammar and good writing, as many comics do—and more will if parents demand.

There have been frequent charges that comic books printed on cheap paper and with poor art work tend to lower a child's sense of artistic discrimination. The paper on which comics are printed is the same newsprint used by all the leading newspapers in the country. While it is true that with today's high costs, no publisher could afford to use a better grade of paper, it was not cost that determined this choice of paper stock for comic magazines. The fact is that comics are printed in four colors at enormously high speed—about 40,000 copies an hour. Only newsprint will absorb the ink at this speed. No one points a finger at your morning newspaper and says it is killing a child's sense of beauty because it is printed on newsprint.

Art work is another matter. Many comics magazines use excellent art work. Some are less fastidious. But even art work is a matter of taste. Art in comics magazines is a medium with which to tell a story. Each publisher desires to use the material which will please most readers. Here again thinking parents will help their children to select, and to develop the standards by which they can make their own selection—and not only of comic books.

These are conclusions of experts, supported by much scientific research. But they do not drop the matter there. While they advance the idea that comic books can be of great value to children, they add that there is lots of room for improvement.

Comic book publishers are aware of this. The comic publishing field is just growing up. Every other form of communication had its growing pains. The most recent have been movies, radio and television. The first attempts at television programming were abortive collections of variety entertainers and little else. As the medium began to mature, and the men and women with it began to understand and criticize their own idiom, the content improved. Today much good television entertainment is available. But the viewer must *select*. Until a child's selective powers have been developed, he must have the selection made for him. Once he becomes accustomed to the most constructive comic books he will be able to discriminate for himself just as once he is accustomed to the better television shows, he begins to develop and to exercise some discrimination.

The majority of the comic book publishers today are determined to improve their publications. Many

have done an excellent job and are striving to do a better one. My own organization recently introduced a new comic book for children three to 12, based entirely on the recommendations of psychologists and educators. Entitled "Uncle Charlie's Fables," it features original fairy tales that offer excitement with gentle fantasy. Its art work has been commended and its characters speak none of the jargon found in some comic books. It is a result of a year's study of child welfare experts' findings on what kind of a comic magazine is best for children.

Other comics magazine publishers are watching its reception to determine whether there is a market for comic books specifically designed to meet the high standards of people working with children. If they decide there is, they too will attempt to improve their own publications further to meet this demand.

The parents will determine the course comics magazines shall take. If parents show they want such magazines to become a real factor for the wholesome development of their children, as psychologists say they can be, it will be done. The comics magazine publishers will improve their publications as they see the need and the public's interest.

We Found "Vitamins" In Archery

(Continued from page 44)

curately. But one big warning! Never get in front of a crossbowman, particularly in the woods. In roving or hunting the bow will be cocked. There is a vast expanse of bow, bowstring and trigger just inviting a jolt from a twig or even the user's body to set it off.

Crossbows can be bought from $15 up again to $100, and they represent a splendid value for the money. Most of them are not made by factories but by crossbow fans who enjoy the work and turn out beautiful examples of carving. Mine cost about $50 and is a repeater that fires a bolt (or quarrel, as the "arrows" are called) as fast as you operate the slide, which also cocks the bow. I can put five quarrels in a target in five seconds. With broadhead hunting quarrels, this bow is effective on squirrels. The repeating principle becomes almost impossible on bows heavy enough for larger game, because no one has the strength to move the slide.

Over the years, bows have provided competitive sport for all the members of my family and for many visitors. The horseshoe-pitching devotee gets a lot of fun out of the clout. The nature lover and rambler takes to roving and the golfer enjoys archery golf. And occasionally we like to get in one of the regional matches and shoot a classic "round" that carries over from old England.

We found plenty of "vitamins" in archery.

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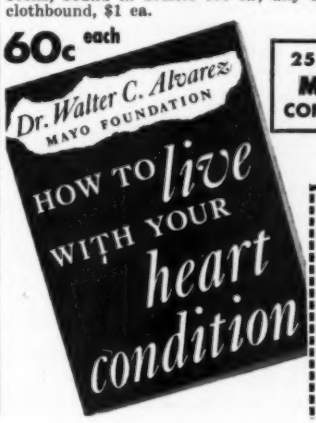

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They Saved my Sanity

(Continued from page 34)

good sense. To get a little more technical, his conscious mind, with its ability to reason and form judgments, is put temporarily back into operation. This is supposed to happen partly because shock makes him forget so much.

Particularly he forgets his recent past. For that, of course, is when the last straw fell. But, oddly enough, he may still recall his childhood. I've heard patients who couldn't remember my name, or the names of their neighbors at home, or the date or the year, who could repeat exactly what their mothers said to them when they brought home a bad report card at the age of ten. My own life still hasn't come back to me entirely. There's nothing I enjoy more than hearing stories of what I did, where I went and the people I knew between 1945 and 1950. Most of these tales I still have to take on faith: if people say all these fascinating things happened to me, then it must be so. Other incidents I can remember fleetingly, when I'm reminded—it's like catching a glimpse of the shadow of a shadow.

Those of us who had shock treatment wandered around after it in a happy fog. You can get a roughly similar feeling from three stiff drinks; many patients enjoyed it. The treatment itself isn't painful and, of course, impossible to remember in detail. My own sketchy memories are probably more unpleasant than most. It's true that, as much as I have ever enjoyed anything in my life, I enjoyed the extra cigarette we were allowed on those mornings. But equally, and with all my heart, soul and body, I dreaded and hated the pre-treatment cold pack.

Patients on the "less disturbed" wards walked into shock treatment under their own power. But on the semi-violent ward, where I was confined, we were made to undress and lie down on a stretcher where we were tightly swathed in cold wet sheets and then wheeled into the treatment room. Another nightmare touch, from my point of view, was the fact that the route to this room led through the ward of "badly disturbed senile" women. Since I was at least as "disturbed" as the next one, and living with those who were likewise, I've never understood why the briefly glimpsed antics of these aged ladies should have been so terrifying. Perhaps the helplessness of being unable to move anything but

my head would have lent a touch of terror to anything. Anyway, so it was.

I had 13 treatments. When I came to myself after each one I was back on the ward at a special late breakfast (shock is always given on an empty stomach), feeling violently relieved that it was over and generally lighthearted.

At Westchester County, psychiatric help for patients who receive shock is supposed to begin as soon after the treatments as the patient begins to come out of the fog. Actually, the most important help for all of us begins the moment of our admission and continues throughout convalescence until discharge. This part of the treatment is simply the hospital environment and routine.

I've heard this hospital environment called by many names, none flattering, some unprintable. Patients, like convicts, never stop complaining. In fact we can trace our improvement from earlier days, when we are past knowing anything except that we have been flung into a hellhole, to later stages when we can speak thoughtfully, as authorities, on such subjects as dreary food, indifferent doctors, and nurses who—so the scuttlebutt goes—ought them-

selves to be confined. Frequently I've heard the Women's Department of the New York Hospital compared, by peevish patients, to a penitentiary. Superficially, the likeness is obvious. Until we are almost ready for discharge we are locked in day and night and taken in groups, under the guard of nurses, on our daily forays to the gymnasium and the occupational therapy building. We are closely guarded on the "halls" in which we live, with all patients who might be dangerous to themselves or others never out of sight of a nurse. Nurses escort such patients to the bathroom and watch them there; while they sleep a nurse sits, sometimes inside the room, sometimes just outside the open door. This constant observation (C.O. it is called by everybody concerned) is continued, in each of these cases, until the hospital staff decides it is no longer necessary. Moreover all patients, whatever their record, are watched, during their early stages, while they take baths, and have no access to such items as a belt, a scarf, dress, tie over four inches long or anything so unwholesome to drink as nail polish remover. Even to the bitter end, even when we are "visiting" out of the hospital half the time, our "sharps" (glasses, scissors, tweezers and the like) are removed at night. Understandably, the hospital's record with suicides is excellent.

But the resemblance to a penitentiary is more than skin deep. After all, like a jail, it is a place to put people whom other people will not, cannot or dare not have around. Also both institutions rely heavily, though for different reasons, on discipline.

At Westchester County the discipline is mild and the threat of it rarely openly used. Patients suddenly transferred to less desirable halls because of undesirable behavior are told this is because they are still so ill that they need the additional supervision and care. In a sense, this is true. But it is also true that patients will make real efforts—efforts at self-help and self-control—efforts which they would not make otherwise—in defense of such privileges as the right to wear costume jewelry and light their own cigarettes. The fact that these privileges carry great

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prestige is not to be sneezed at. A woman—who cannot or will not lift a mental finger literally to save her reason—will strain all her powers to live on a hall where afternoon tea is served twice a week. Many patients have almost lost the will to happiness; they are too hopeless about themselves and their futures to try; concepts larger than afternoon tea are, temporarily, too large for them to deal with.

But discipline is not always a matter of afternoon tea. Badly disturbed patients, for example, are put in cold packs and prolonged tepid baths. This is done, according to the hospital authorities, merely to calm them. But as one patient who was not calmed, but terrified, by both methods of treatment, I can testify that, as discipline, they aren't bad either. After my first cold pack, to which it is an understatement to say that I "responded badly," I was told by one of the nurses in all innocence that I could expect more of the same until I was better. This simple statement had on me a more striking effect than a thousand cold sheets, a thousand prolonged baths or a month of daily conferences with a psychiatrist. After the nurse's remark I actually sat on the edge of my bed and took a kind of thought. And through the thick, shifting mental fog in which I was then living one idea penetrated sharp as a razor and clear as sunlight: I did not intend, so help me God, ever to have another cold pack!

Coincidence or not, it's a fact that from that point on I was sufficiently controlled so that no further cold packs had to be prescribed.

Our psychotherapy was limited and simple. And a simplified description of it would be that the resident psychiatrists are expected to be good parents to their patients. They are helped in this job by daily staff meetings at which each case is discussed before any important decision is made. And, certainly, many of the staff need help. Their patients are frequently old enough to be their grandmothers—and, when not so old, do everything but whistle at the boys as they go through the halls.

The astonishing thing is not that these young men do get themselves accepted, by patients of all ages, as sage and kindly father-mother combinations. What was amazing was how successfully even the callowest of them did his job. And the magic, I feel, lay in the fact that he had a world to help him—or rather a whole series of worlds, running from a special nursery for patients as helpless as babies on up to a strict, well supervised young ladies' finishing school for those on the verge of graduating into adult life again.

As both parent and patient I know that the comparison between children and the mentally sick is deceptive. On the one hand, psychiatry tells us that, in insanity, we all, to some extent "regress" to childhood. On the other hand, the very porters in a mental institution can assure you that normal youngsters don't act like the inmates, and the Lord help their parents if they did! But the fact—and to me the central fact—is this: as a

"Tommy, it's bed time."

mental patient I recovered on much the same treatment that I, as a parent, had given my own child—who, incidentally, seems to have thrived on it, too.

As a little baby he had, like most modern babies, a regular schedule—bottle, nap, playtime, bottle, bed. If the monotony bothered him he never said so; in fact he flourished exceedingly in his snug little world where nothing was required of him and every day was exactly like the last.

Accuracy

No abacus could calculate
So neatly as my son,
Just when I've reached the spanking point
And time for him to run!

Betty Isler

In the hospital, also, schedule was supreme. This was true even on most disturbed wards where, of course, it was most difficult to enforce. Women who hear voices calling or see hands beckoning, are absorbed in inner monologues or periodically inspired to tear the place down, cannot easily be assembled and reassembled all day long for gymnasium, walks and weaving. In many mental institutions a routine, for such as these, is not even attempted; the staff has done a day's work if it keeps its charges from hurting themselves or each other.

At Westchester County anyone not actually dangerous or immobilized was somehow cajoled or commanded through some kind of routine. It was not quite bottle, nap and playtime—but almost. From seven a.m., when we were awakened by a nurse, until eight thirty p.m., when we were almost literally tucked into bed by the supervising nurse, the intent was to keep us moving in the same way, at the same time, at occupations within our mental and emotional powers.

Besides dressing, washing and feeding ourselves, these included some sort of exercise and some occupational therapy. Under the first came croquet, ping-pong, bowling, badminton, marching—and for the more advanced, basketball, folk dancing, sometimes even tennis, golf and skating. Occupational therapy was weaving, sewing, painting and

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typewriting, with leather and metal work for patients who could be trusted with tools. (Sewing tools, especially needles, were counted, watched and recounted. If one was missing the alarm rang; activity ceased until it was found.)

The mere monotony of this routine is as soothing as the rocking of a cradle. And it works—even for patients, of which I was one, who loathed it to a point of periodically trying to escape. But it isn't only the monotony that weaves a spell. There is also the fact that we are relieved of all responsibility for ourselves to a degree that must be experienced to be appreciated. At our sickest we don't even have to decide when to go to the bathroom; there are special times for that! What to eat, what to wear, when to have our teeth fixed, are all comfortably determined for us.

This policy is not only a practical necessity. It is also a blessed relief for the patient and a method of avoiding trouble—as anyone will understand who has ever dealt with small children, or even seen an overstrained child in a toy store, indicating by shrieks and tantrums that the situation is too much, the choice too difficult. After all, whether a decision is trivial or overwhelming depends on the powers of the individual. Patients are people who found their responsibilities too much for them—and this is equally true whether they had difficult jobs or merely had to kill time and dress for dinner. The first act of the hospital is to lift the load as completely as for a small child.

"Doctor," as the resident psychiatrists are always called, is at first just a magic word that drifts through routine. Does an old lady refuse to put on her shoes? "Doctor," says the nurse, "wants you to." Is another in tears trying to decide whether to attend church services? (These are only Episcopal or Catholic; sometimes a source of conflict to religious patients of other denominations.) Immediately a nurse steps in with the magic, the soothing, the conclusive words:

"Doctor doesn't want you to go to church until you're better."

These tricks work not only because confused people need the voice of authority but also because they need a human being to trust and cling to. And even when we have barely seen our own "Doctor" he is that human being. Very soon he is more—he is our friend and ally, the living voice of that reassurance which the hospital provides in many ways. Moreover he is our own special person belonging to us—as the nurses, physical therapists, and occupational therapists are not.

I will never forget a 22 year old girl who believed that her mother

was a dope addict and that her father hated her. For months we had been accustomed to see her looking like a dirty poodle, so that when she suddenly appeared with her hair waved, face powdered and lips made up it was a puzzling transformation. But when I passed her in the hall, the miracle was explained. I overheard her tell a friend that Doctor had asked her to look pretty "just for him."

To the sophisticated, this may sound crude—or to those who are worried about "undue transference" it may sound flirtatious. But when people have never felt loved or wanted they need somebody who cares, and some sort of incentive to try. Moreover, it works. The job of looking presentable was the best possible "occupational therapy" to keep this girl in touch with daily realities. Secondly, her improved appearance helped develop her self-respect and made her more friends. Finally, partly because she began to see herself as the attractive girl that she was, she had more hope. The hope showed and an un-vicious circle set in.

Mental patients certainly go through stages. As their need for a parent lessens, the psychiatrist may represent to them the longed-for husband or lover. This is especially so on the last and most convalescent ward. The patients suddenly reek with perfume and shine resplendent with cosmetics before their psychiatric conferences; they blush when Doctor enters the room, and they decide that his wife, if he has one, is an undesirable character who interferes with his work.

Patients in the throes of these crushes are so typically teen-age that one cannot help thinking of it all as a second adolescence. Have we who were first babies, then children, finally reached that stage? In any case it, too, passes away. And while it lasts the psychiatrist has enormous influence. With it he goes to work. For the first time some criticism is mixed with the large doses of reassurance. It serves two purposes. The patient's fervent attachment—which was partly, of course, an enthusiastic response to somebody who was never critical, but always approving and comforting—may cool overnight. I saw one enamoured middle-aged lady whose spare time was mostly devoted to knitting for "My Doctor," and who was "afraid" to leave the hospital, improve to the point of losing both symptoms in a few days.

But of course the main purpose is to fit the patient for life and prevent a relapse after discharge. She is encouraged to see the tendencies in herself which, if unnoticed and allowed free rein, might upset the applecart again. But, even at this stage, the patient gets plenty of reassurance. This I know not only from my own experience. I am thinking, among others, of the unforgettable "chicken bone lady."

The chicken bone lady had been admitted suffering from alcoholism and amnesia. She washed her hands a dozen unnecessary times a day. And she never ate anything, including cold chicken or corn on the cob, with her hands. One evening she told a group of us that, even when she cooked, she always managed to use a utensil rather than soil her hands.

Another patient immediately muttered something about Lady Macbeth. (Like the chicken bone lady, like all "compulsive washers," Lady Macbeth found that no amount of soap and water—no, not "all the perfumes of Arabia"—could make her hands *feel* clean, so long as the conviction of guilt remained.)

The chicken bone lady was advised to tell her doctor exactly what she had just told us. A week later, more cheerful than I had ever seen her, she reported that she had done so. Her doctor had told her that she had nothing to worry about; her feeling was perfectly natural—in fact he shared it himself and particularly disliked eating ice cream cones.

Two months later that patient left the hospital without a notion that there was any connection between her compulsive daintiness and the sick personality which had brought on her amnesia and alcoholism. Was that carrying reassurance too far? Or since the lady was easily terrified and depressed about herself, would it have been dangerous to probe deeper?

Who knows? Even psychiatrists—or especially psychiatrists—must have to guess. And when they guess that a patient is improved enough they put her on the last of the five carefully graduated halls, where—in the daytime—the doors aren't even locked. Here life begins to approach the normal. Here are the cliques and rival-

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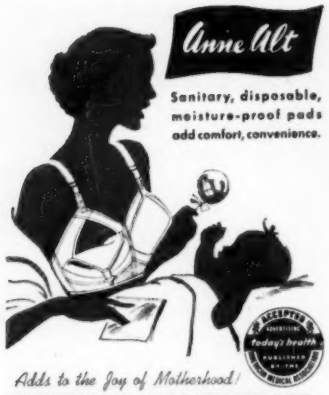

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ries, snobberies and jealousies you will find in any afternoon bridge club. And here I realized, for the first time, that insanity is a great leveler—also that shared suffering is a miraculous creator of democracy, brotherly love, tolerance and understanding. How patiently we had borne with each other when we were all stewing in the same hell! Difficult though self-control had been for all of us, how generously made allowances for one another's uncontrollable sickness! And, oddly enough, how distant and unimportant racial and social prejudice had been.

Perhaps, in the more disturbed wards, there were patients who secretly nourished obsessive hatreds towards some group or race. But it wasn't until the last hall that there appeared sly whispers and petty snobbishness against patients who were Jewish, Catholic, or just not sufficiently rich and fancy. By then, of course, we were all coming back to normal.

For many of us, be it noted, "normal" wasn't very good. Where the hospital cannot completely cure, it is satisfied to make people well enough to live in the world. Frequently they discharge patients who harbor quiet delusions and have noticeable eccentricities. But who hasn't? Tests given by induction authorities for the armed forces indicate that the world is full of folk who have never been near a mental institution but secretly believe that God speaks to them in person, or that they will be murdered in their beds if they don't perform certain rituals before going to sleep.

While we are living in the last hall, at Westchester County, we visit out in the world, first for a few days, then for a week, then for ten days. If there are no noticeable bad effects from these trial runs, we are discharged or leave on "extended visits," which means that we return as outpatients for periodic checkups for another six months or so.

And that's that. We have been taken in as human wreckage and each of us has been led through a second experience of infancy, childhood and adolescence. We have been carefully shielded and disciplined, and we have been taught a little about ourselves. For about three out of four of us, the treatment works. When you are one of three, I wonder if you ever stop feeling like Lazarus returned from the grave?

"Gosh! Do you suppose *girls* eat this championship energy-giving cereal too?"

Frustrations of the Fractured

(Continued from page 27)

because of a crack in that trifling little ankle bone? You don't expect me to go about in a wheelchair, surely?"

"Crutches," the doctor said, "will do. Come and see me again in a week."

At that moment I felt something akin to the buoyancy of pride. So I really had hurt myself. Well! And made practically no fuss about it, either. My family would be impressed, too, I was sure, when they saw me come in on crutches. There was a shop right on the doctor's street where one could rent a pair. They must be easy to manage. I'd seen dozens of people fairly scooting about on crutches. The head man at the shop said, "How tall are you?" I answered, "Five foot nine," and in another minute I rocked out onto the sidewalks of New York with anything but a scooting motion. Practically on the instant I felt a changed attitude from the general public. The bus driver stopped right at the curb for me and didn't start again until I was seated. The seat was given me at once by a woman my own age. Someone else put my fare in the box for me. I beamed with gratitude on my kindly fellow citizens. People were wonderful; I loved everyone! This was going to be nothing, rather fun in fact; all new experiences are worth while.

To let me off again, the driver stopped at a non-stop street. I didn't manage quite so cleverly this time. My shoulder bag slipped off. When I grabbed for it, I dropped one crutch on a gentleman's head and my gloves fell to the floor. Now I saw how hard it was to pick anything up. Standing on one leg, propped up by your crutches, just how do you get down to floor level? It was too big a problem to solve while the bus waited. "Thank you very much," I said to the passengers who retrieved my things, "I'm new at this." I felt intensely apologetic. "Clumsy idiot!" I muttered. Crossing the street my hat blew off. I couldn't even reach for it because I was in the middle of a forward swing. Crutches, I was fast learning, were not going to be

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quite so easy or so much fun as I thought. My thanks to the man who caught the hat sounded almost abject.

The family greeted me with heartwarming cries of sympathy. Did I want to be carried upstairs? "Mercy no," I said confidently.

How to negotiate stairs on crutches should have a chapter to itself in the handbook. The wonder is that any of us live through it, uninstructed and inexperienced as we are. Before attempting such a stunt we should train for days. The initial broken bone, you realize, is nothing. It's what you break thereafter that's going to count. How not to fall over backward while suspended by the shoulders heaving yourself up to the next step? How come down without hurtling into the abyss? Ski jumping is child's play compared to this. With skis you are at least equipped to land again. For the first time I appreciated how sound were the warnings over the radio from insurance companies. Never carry awkward objects when negotiating stairs, they say. Yet here I was with a monstrously awkward implement in each hand on which I was supposed to do a circus balancing act as well. Undoubtedly, my life was saved by my nephew's return. Stairs were tough, he agreed, but if I put both crutches under one arm and held on to the banister with my free hand, I stood a fair chance of getting up and down alive.

I tried it. "How wonderful to have a college education!" I cried. "People have got a Nobel Prize for less significant discoveries." Unfortunately, everyone does not have a nephew who has also had a broken leg.

Before the first day was done, I was aware of a curious phenomenon. For 20 years my room had had four corners. Now, all at once, it had 54 and I wanted something from each of them simultaneously. I felt myself weaving a spider-web pattern up and down, across and back over the green carpet until the effort to make another move took all my courage. Learn to economize steps, I told myself, remember little things like a pen, your belt or your glasses! The self-hiding fiends were likely to drive me mad! There ought to be some sort of a Geiger counter to help people find their glasses. I wasn't the kind of person who expected to be waited on. I hated to ring bells and ask for things . . . Oh, get some system into your movements, I scolded. Don't waste half of them, save steps, they'll be money in the bank. System! Imagine needing a system for getting down to dinner! As for taking a bath

with one leg in the air—diagrams should be made for this. And, oh, the understanding I have at last, the pity for those who are permanently disabled! The marvel of their steady, uncomplaining courage—so general we almost take it for granted. I could never maintain it, not with a thousand years of practice.

"Are you in pain, dear?" my aunt said at bedtime.

"Yes," I said, "my hands and armpits are so bruised from these crutches that I can't take another step without yelping."

"But your ankle?" she persisted.

"Oh, that's nothing," I said. "I don't even notice it."

"Well, if your ankle feels better, *that's* the important thing," the old lady said, and took her 90 years up three flights of stairs with the ease of a swarm of bees.

That was *not* important. It was all the other things that were important, the hundreds of minor irritations left to burst without warning upon the newly fractured and reduce his patience to zero. There was Job, I suddenly recalled. How about him and his patience anyway? I took down a Bible from the library shelves and began to read. It didn't take two minutes to find that Job was the most advertised, misinterpreted hero in

the whole catalogue. True, he had a good deal to put up with, but he was probably saved by being the most uninhibited complainer in history.

This was when I first began to think about the psychiatrist. All 500,000 of us were just their dish, we belonged with the frustrated and inhibited. The doctor should begin by telling us to forget the old school tie; since we were in this for so short a time, the sportsmanship angle need not be overemphasized. Then, leaving the libido out, he should encourage us to talk about getting dressed and undressed—either is a serious psychological hazard if you have a broken leg. Some garments are meant to drop about the feet. You then step out of them, easily and daintily. But how step out unless you have two feet? To hop won't clear you in most cases. It takes days to work out the proper techniques and you feel about as dainty as a hippopotamus. A good deal of hopping has to be done anyway. This is a game you played by the hour when a child. You remember it as a light, birdlike motion by which you moved from one chalked square to another in games. Now, in the full bloom of middle age, your weight is not quite what it was when you were ten. The whole house shakes and you make a noise like dropping a suitcase full of books with each jump.

One evening at a party I noticed a woman with a strapped foot.

"Did you break your ankle?" I asked hopefully.

"Yes," she answered.

"Oh, I'm so glad!" I said. "Please tell me all about it. Don't leave out anything."

She smiled as though I were her long lost sister, dropped into the chair beside me and began at once.

"It happened six months ago," she said, "I was walking across a perfectly smooth lawn, in flat-heeled shoes . . ."

"I know, I know!" I interrupted excitedly. "It was the same with me!"

". . . I turned it and broke it on both sides," she went on without appearing to hear me, "and tore all the tendons. The doctor said it was the worst broken ankle he ever saw!"

"The trouble with mine," I said a trifle enviously, "is that it's not bad

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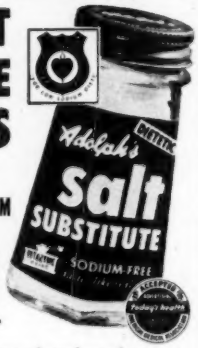

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at all. If I had one leg tied up to the ceiling with weights and pulleys, it might be easier, in a way."

We compared notes with the enthusiasm of mountain climbers until we became aware of a tall dark man edging closer to us. He eyed us eagerly.

"Pardon," he spoke in a strong foreign accent, "but I know it is quite true, what you say about crutches." He held out his hands; the palms were blistered.

"You, too!" the lady and I cried.

"Sciatica," he explained.

"One of the Brethren!" I said moving over to make room for him on the sofa. "Tell all."

"I am from Yugoslavia," he explained. "During the war I was for two years in the mountains with the Partisans." He eased himself cautiously down on the cushions. The lady drew her chair closer.

"Go on," she said.

"It is not just the hands. I saw men in our hospitals who had both arms paralyzed from using crutches. Mine I left at home tonight. What happiness!"

"How long can you stand on one leg?" I asked.

"For very long," he laughed, "like a heron from high to low tide."

"Or until your hip dislocates," the lady added.

"Does your back ache, and your neck ache?" I persisted.

"Everything aches," he groaned.

With the intensity of men planning world peace we compared notes on how to soften the arm rests and hand bars on crutches. Each had worked out his own system, with cotton, wool, foam rubber or shoulder pads from the dressmaking drawer at home. Nothing, we agreed, was adequate. I found the Yugoslav diplomat and the lady such absorbing companions that I warmly urged both to come to the country for the weekend. My husband thought it would be best to move up right away, even though spring had barely begun. One short flight of stairs, he said, would be so much easier for me than the three in town, I could sit on the terrace all day. "You will see every leaf come out." And he added, "You can be really quiet."

I suppose it's all in how you take it. Far from being quiet, country life as I know it is one of violent, unremitting physical exertion. Chores and pleasures both require such relentless activity that the only way to get a rest is to go back to town occasionally for a long weekend. My husband and I are passionate gardeners, each with strong ideas of his own as to what things come first. I have a Dutch housewife's love of tidiness. Particularly, I love clean woods, a neat and close-cropped lawn. To sit watching Sam do this and that when I saw that and this screaming to be done was pure torment.

"The grass needs cutting," I hinted after an hour of exhausting self-restraint.

"It doesn't need cutting just this minute," he answered, his nose over a trowel.

Better go inside, I thought, before I blow my top. I could polish the brass grate, all the door locks—that would be a good sedentary occupation. The house in the country is small. Now it seemed to have shrunk to half size. I felt exactly like Alice when she'd eaten too much of the growing side of the mushroom; I knocked into everything with my crutches.

"Who stuffed this house with all this useless furniture?" I said furiously to the poodle.

My crutches came alive; they walked off by themselves every time I turned my back. Then the tin of brass polish upset on the top step of the second floor. It covered me, as well as each step to the bottom of the flight. Cleaning up took hours. I was almost in tears.

"Why don't you subside and read a book?" Sam called. Of course this was the time I should be reading "Arabia Deserta," the Decline and Fall, Karl Marx, all the long books I'd promised myself to read if ever I was laid up for a few weeks. I was looking for Gibbon when Sam stepped past me into the living room, his arms full of white shadbush. *He* was fixing the flowers, my own favorite job!

What saved my reason was a sudden call from my lecture bureau asking me to take on some assignments in the Midwest. Everywhere people were so kind my spirits blossomed

again. Yet there was something contagious in their concern; for the first time in my life I began to be careful of myself. Then, sitting quietly in my Pullman seat, I turned my foot to the right, felt something crack again and the quick stab of pain. There you go, I said to myself, three weeks toeing the doctor's line and undo it all by wriggling in your chair. What nonsense ever to be cautious about anything! The only way to keep healthy or in one piece was to take great risks continually. Sit still or cross the street and break like china.

Still, there were compensations. It seemed to me my audiences were much more enthusiastic than on other tours. They showed how brave they thought me to have made the trip under such conditions. The more I minimized my injury the more serious they imagined it to be. Sympathy poured over me like syrup. I was told I was an inspiration. It was delightful. Would it be as much fun to have a fuss made over you if you really deserved it, I wondered? Probably not. One of the ladies in the audience sent me a pair of aluminum sticks ending below the elbows with wide metal bracelets. These are such an improvement on crutches that the idea should be broadcast.

Getting home again was a great letdown. I felt instantly that the novelty of my invalidism had worn off for the family. While they did not cease to be kind, they no longer jumped to fetch and care for me. Each had business of his own to attend to. Since I had not acquired patience, nor resignation, nor any of the admirable qualities I had seen others manifest in similar situations, the only alternative was to cease being a casualty. Doctors exaggerate these things. When they say six weeks they probably mean four.

The front door is open to the spring sun. The garden path is bordered with white violets and maidenhair fern uncurling. Trout lilies are a speckled green carpet in the woods. It is no time for crutches! I shall step out and down the path with a tread so light a bird's egg would not break beneath my foot . . .

P.S. It was not such a good idea after all.

Coronary Thrombosis

(Continued from page 31)

The vast majority of patients recover from an initial attack; it would not be going too far to say that today the assumption is that a patient will recover provided he has had no previous heart disease. Many men who have had coronary thrombosis are leading full and active lives. Excessive exertion must always be avoided, but ordinary exercise, such as a round of golf, is taken in stride by these men. Naturally, the outlook becomes progressively worse with each succeeding attack, but it is by no means unusual for patients to survive a third blocking of an important artery and still lead useful, if quiet, lives.

When coronary thrombosis was first generally recognized—only some 30 years ago—it was considered almost invariably fatal, or at least always to lead to chronic invalidism. Now we know that the outlook is much better and that, in the words of a well-known authority, "coronary thrombosis is compatible with life and even with health." This statement was made more than ten years ago; today this physician would almost certainly omit the word "even."

So far as prevention is concerned, we can do little until we know the underlying cause. The patient with chronic coronary occlusion—angina pectoris—obviously should try to lead a more leisurely life. Even for those of us who are in perfect health, there is probably much to be said for following this advice. In the rush and swirl of the twentieth century, many of us are clearly putting an unnecessary strain on our hearts. The incidence of coronary thrombosis might well fall if only we would recall occasionally the century-old warning of William Wordsworth:

The world is too much with us; late and soon,
Getting and spending, we lay waste our powers.

by ELIZABETH B. HURLOCK, Ph.D.

When Parents are School Problems

PARENTS sometimes do things that make them liabilities in their children's school career. These things are unintentional and, for the most part, not recognized as sources of trouble. But they hinder the work of the school by breaking down the child's morale, undermining his respect for the school authorities and making learning hard for him. Here are some of them:

1. *Help with home work.* There are ways and ways of helping children with home work, but many parents use the wrong way. To these parents the end result is a perfect paper, not the child's understanding of the principles underlying his lesson. As a result, he goes to school with his home work perfect but, when he tries to do similar work there, he fails.

His failure quickly tells teacher and classmates that the work was not his own and makes him feel guilty of cheating. Even if his deception is undiscovered, it is still not fair to the child or his teacher. It makes the child feel dependent on others and it robs the teacher of an opportunity to see where the child needs further help—of the right sort—from her.

2. *Fake Excuses.* Many parents will write a note to the teacher at the drop of a hat, whether it be to excuse unprepared home work, unnecessary lateness or absence, or to complain about another child. While these notes may get the child out of the immediate predicament, they are a great handicap to learning to adjust successfully to his school environment, to take responsibility for his own acts and to manage his own affairs successfully. And they may antagonize the teacher.

3. *Home attacks on teachers, administration or other pupils.* It is unsportsmanlike to criticize anyone behind his back when he cannot explain or justify his acts. Under no conditions should this behavior—by child or parents—be encouraged or tolerated at home. When a child is still in elementary school, parents can find out from the teacher what is back of any trouble the child is having in school. In junior and senior high school and in college, students are old enough to solve their own school problems without interference from their parents.

4. *Emphasis on marks.* Marks are important but not as important as many parents believe. A well-adjusted child who does not stand at the top of his grade has a better chance for success both in school and in later life than does the child who is labeled a "brain" by his classmates. Emphasis on marks to the point where a child is afraid to come home if his report card is poor is not only unfair to a child who may not be capable of any better work but it also builds up resentments against school, teachers and, parents. When this happens, his marks will sink even lower. Parents, of course, should not ignore poor marks when they know their child is capable of doing better work. An occasional failure, however, may be all a child needs to turn him from a poor into a good student.

5. *Skipping grades.* When a child does exceptionally good work in his grade, it is a common mistake to believe that he is too bright for the grade he is in and to insist that he be skipped to a higher grade. While being the "baby" of a higher grade may be a feather in the child's cap, and indirectly in his parents' caps also, there are so many disadvantages to skipping that only when it is necessary to avoid complete boredom should it be considered.

Skipping a grade invariably leaves gaps in a child's educational foundations which rarely, if ever, are completely closed. This will inevitably affect the quality of his later work. Then, too, social adjustments are difficult for a child who is younger than the group because, in interests and behavior, he is out of step with his older classmates. And, finally, in comparison with older children, he does not show up as well as he did when he was competing with his contemporaries. As a result, he frequently has feelings of inadequacy which may eventually develop into an inferiority complex.

6. *Special lessons.* Parents have a tendency to want to give their children every "advantage" they can afford in the form of special lessons in dancing, music, skating or other areas in which the child shows some ability. Kept within reason, this is commendable. But when the school child's day is too crowded, he be-

On this page each month you will find a discussion of some significant phase of child development, from infancy through adolescence, with practical answers for specific problems. Address your questions to Elizabeth B. Hurlock, Ph.D., c/o TODAY'S HEALTH, 535 North Dearborn Street, Chicago 10.

comes nervous and tense. This affects his disposition as well as the quality and quantity of his work. How much better it would be to defer these lessons until the summer vacation, when the child can profit more from them because he is relaxed and free from pressure of school work.

7. *Being different.* Nothing makes school life more difficult for a child than being different from his contemporaries in dress, manner of living or privileges. He is labeled "queer" by his contemporaries and left out of things. When this happens, the child is unhappy at school and his work suffers. While slavish conventionality may seem silly to an adult, it is important to a child. Parents who ignore this fact make life very difficult for their children.

8. *Constant home entertaining.* Entertaining brings a break in routine and excitement for every member of the family. Parents who entertain frequently make it hard for a child to be a good student. His rest is broken by the noise, he rebels against going to bed at the usual time, and he is usually expected to help with the preparations for the guests. Of course parents should not cut themselves off from their friends but they can limit their entertaining to weekends, when it will not interfere with his efficiency in school.

Questions

SELF-FEEDING. My two year old son feeds himself very nicely for a short time. Then he either stops or picks up food with his hands.

A two year old who feeds himself nicely is doing better than most children of that age. You should be gratified. But don't expect more than he is capable of. Remember that self-feeding is hard for a young child and that it takes a long time to learn to do it easily and well. When your child slows down or stops, or when he starts to pick up food with his fingers, that is your cue to offer to help. Praise him for what he has done but never, in any way, imply that you are disappointed or annoyed because he did not do the whole job. With practice, he will no longer need your help.

HELPFUL MODERN POINTS OF VIEW
Presented with hope you find them useful

"Mind Your Child's Art"

Much needed new book gives wise parents easy tips how child's own "art" work is one of the best ways to stimulate observation and self-expression.

This new book called MIND YOUR CHILD'S ART is written in simple, down-to-earth terms. It shows the importance of even the earliest daubs to "grown-up" approach of adolescence. The main point is how your children's own "art" helps you to a better understanding of their creative needs at home and at school. And so, make for a more all around, winning person.

1. I SAW A ROBIN *by Helen age 6*

1 Drawing out of proportion may not be faulty observation but merely depicting greatest interest. **2** Child's ability to express things grows with new experiences that move him. Not necessarily a fire but the zoo, a party or what *to him* is unusual. **3** To trace or copy, stifles but child grows by drawing from his imagination and life around him.

2. I SAW A BIG FIRE *by Bill age 7*

3. MY UNCLE JIM *by Hector age 10*

The author is Laura Bannon. Her book is the result of first-hand experience gained as Art Supervisor in Public Schools and as Director of Junior Department of the School of the Chicago Art Institute.

Whatever your children's talents or your ambitions for them, MIND YOUR CHILD'S ART is useful and helpful. It develops keener insight and self-expression. These are two aids toward success in adult life.

If interested—MIND YOUR CHILD'S ART; 64 pages; 7½"x10"; over 100 illus., 14 color plates, $2.75. At bookstores or write PELLEGRINI & CUDAHY, 41 E. 50th, N.Y. City 22.

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Books on health

Understanding Children's Play

By Ruth E. Hartley, Lawrence K. Frank and Robert M. Goldenson. 372 pp. $3.50. Columbia University Press, New York. 1952.

This is a report of a study undertaken to learn the potentialities of play materials and expressive activities in understanding young children. Dramatic play, music, blocks, clay, fingerpaints and graphic materials mirrored the inner reactions of the nursery school children observed. Sex and age differences are noted, as are varying inter-personal reactions. It is made clear that any sample of a child's play must be related to his background if understanding of the child is to be reached.

HELEN SHACTER, PH.D.

Body, Mind, and Sugar

By E. M. Abrahamson, M.D., and A. W. Pezet. 206 pp. $2.95. Henry Holt & Co., Inc., New York. 1951.

Although it might be considered exaggerated, this small volume nevertheless performs a valuable service in directing attention to the problem of hyperinsulinism or "sugar starvation," a condition that may on occasion be overlooked, though it can be identified readily by a simple laboratory test. Interesting case histories and full details about corrective diets are provided.

WILLIAM W. BOLTON, M.D.

"Safety Vaccine"

By the Committee on Accident Prevention of the American Academy of Pediatrics. 13 pp. Free on request. Metropolitan Life Insurance Co., 1 Madison Ave., New York. 1952.

This is a brief, bright and attractive booklet about safety in the home. Starting from the concept that parents are familiar with immunization techniques against communicable diseases, it proposes an "immunization" campaign against accidents. Attractively illustrated with bright pictures of happy playing children and safety prescriptions for parents, it sums up home safety briefly, clearly and in a positive manner. It is to be coupled with a booklet to be issued by Metropolitan Life Insurance Co., "Formula for Child Safety." The brochure is available to public health personnel and physicians for distribution to their patients. The booklet will be distributed free to parents on request.

W. W. BAUER, M.D.

Health Instruction Yearbook 1951

By Oliver E. Byrd, Ed.D., M.D. 9th ed. 236 pp. $3.50. Stanford University Press, Stanford. 1951.

This ninth edition contains an interesting assembly of articles condensed from various health and medical publications for July 1, 1950, through June 30, 1951. The material represents 260 articles from 108 different sources. It covers a wide range of health education, and the editor has done an excellent job of preparing it for the laymen as well as for professional health educators.

WILLIAM W. BOLTON, M.D.

Clubs Are Fun

Junior Life Adjustment Booklet. By Mildred C. Letton and Adele M. Ries. 40 pp. 40 cents, 3 for $1. Science Research Associates, Inc., 57 West Grand Avenue, Chicago 10.

Children are gregarious but often do not know how to get together with others of their own age and interests. This pamphlet tells them how to find the group to meet their particular interests, or how to go about developing a new group that will allow them and their friends to do the things they want to do. Infor-

mation is given on how people can discover what they want to do, how to organize a group, how to conduct the first meeting, how to select leaders and elect officers and how to develop a group program. And there are many other ideas that may be helpful to teen-agers in developing organizations that give them practice in group activity, an important preparation for adult living.

DONALD A. DUKELOW, M. D.

New Play Experiences for Children

By Ruth E. Hartley, Lawrence K. Frank and Robert M. Goldenson. 66 pp. $.75. Columbia University Press, New York. 1952.

Here are the results of an experiment with planned play groups, miniature life toys and puppet plays as a media of expression for young children. Detailed descriptions of the techniques employed along with careful observations of the children's reactions to these devices are given. Though the authors believe that these activities provide fruitful experiences for the children involved, they suggest the need for further experimentation before firm conclusions are drawn.

FRED V. HEIN, Ph.D.

Understanding Heredity: An Introduction to Genetics

By Richard B. Goldschmidt. 228 pp. $3.75. John Wiley & Sons, Inc., New York. 1952.

Like nuclear physics since the A-bomb, the science of genetics has not only increased in magnitude and complexity, but has also assumed international political importance. Such questions as "Will the children of a wounded soldier have birthmarks corresponding to his scars?" are answered differently in different countries. In this book the author outlines the essentials of inheritance and answers questions in terms of a vast store of facts.

F. T. JUNG, M.D.

Growing Through Play

By Ruth E. Hartley. 62 pp. $.75. Columbia University Press, New York. 1952.

This booklet is a report of a study on the role of play in building healthy personalities in young children. It consists of a series of "play stories" or anecdotal records of the play experiences of two preschool children interspaced with interpretations of their progress in the development of personality.

After pertinent background information about the subjects, the narrative accounts describe the gradual changes that come about through the children's play, and the author concludes with a summary of the growth achieved.

This careful record of child behavior as viewed in relation to children's play and living problems is worthy of study by the serious student of child development.

FRED V. HEIN, Ph.D.

You and Your Problems

Junior Life Adjustment Booklet. By Stanley E. Dimond. 40 pp. 40 cents, 3 for $1. Science Research Associates, Inc., 57 West Grand Avenue, Chicago 10. 1952.

The theme of this pamphlet is that everybody has problems, problems can be solved if they are approached correctly, and adolescence is the best time to solve problems. The problems that bother people may be personal, school, community, or national and world problems. The same formula applied to all of them will bring peace of mind even though it may not remove the problem. The pamphlet is well written, easy to read and should be attractive to the teen-age audience for which it is intended.

DONALD A. DUKELOW, M. D.

Is Hollywood Growing Up?

We see by *Publisher's Weekly* that there's something new in Hollywood —a producer's option on "One Little Boy," by the well-known psychologist, Dorothy Baruch. Dr. Baruch is retained as technical adviser on both screenplay and production, and her agent will represent her and the Julian Press in approving director, cast and writer.

The producer is the independent, Alex Gottlieb, who, Paul S. Nathan writes, "has several unhackneyed projects for films, of which 'One Little Boy' could easily be the freshest and most exciting." It is "a play-by-play account of the psychological rehabilitation of a maladjusted child —a theme not unlike that of 'The Quiet One.' That Gottlieb intends to respect the integrity of the book is indicated by the terms of the contract."

Bleach and Freckle Creams

(Continued from page 33)

that ammoniated mercury has more than a superficial action—that it actually inhibits pigment formation. I believe that this is highly speculative, at least with what we know at the moment.

These bleach or freckle creams differ from an ordinary cold cream in that their indiscriminate use is not free from danger. Mercury compounds cause severe skin reactions in some people.

The inherent dangers in these products seemed so serious that they got special attention under the Federal Food, Drug and Cosmetic Act in 1938. The directions were required to include a warning that they should not be applied to an area of skin larger than the face and neck at any one time, and that too frequent applications and use over excessive periods should be avoided. Also, adequate rest periods between treatments should be observed and the preparations should not be used where the skin is cut or broken or by children under 12. A further recommendation was that in all cases a proper patch test should be made. In 1946, the Federal Trade Commission eliminated the need for these warnings where the mercury content was less than three per cent. Then in 1947, the F.T.C. announced that unless and until scientific information becomes more specific as to substantial injury it no longer requires a warning when not more than five per cent ammoniated mercury is used. But the Commission does not permit bleach creams to be advertised as harmless.

It is interesting to note that one of the oldest and best known brands still includes the majority of these precautions in its directions for use. This manufacturer is not only protecting himself against lawsuits in the event of a reaction to his product. He is also giving his customers every opportunity to protect themselves. His approach is certainly wise. But some manufacturers make only vague reference to possible dangers. These are increased if the cream is applied to hands where the skin is chapped and no longer intact, or if it remains in prolonged contact with the skin, like a powder base.

Health authorities are seriously concerned about the increasing use of mercury-containing products. This is true even though manufacturers are not required by law to include specific warnings. If my advice were sought by someone determined to use a bleach or freckle cream, I would say "Use only those brands which tell you carefully, in their labeling, how and when to use them and how and when not to use them." Only when a manufacturer has done this can he be regarded as giving full consideration to the welfare of his customers.

September Is for Parents, Too

(Continued from page 23)

addition and subtraction is made of it.

Going to school with your child often means that you accompany him to the public library, helping him to find books that supplement or may even be a happy contrast to what he is reading in class. Wise parents, like wise teachers, realize that children cannot live on material food alone, and they try to provide also mental and spiritual nourishment. Books have been called "recipes for living"—good reading can help to prepare a child to face the difficult task of growing up. Books also provide a valuable link between the home and the school. Parents, perhaps more than teachers, can influence children in the selection of wholesome reading material. In families where there is little money for buying books, suitable ones can usually be obtained from the local public library, the traveling library, bookmobile or whatever source supplies the neighborhood.

"If we ran to *our* basement we'd be killed without a bomb being dropped, the way the kids clutter the steps."

Books are, of course, only one source of information that provides answers to meet children's inquiring minds. Parents, like teachers, should respect their "growing powers" and grow with them. Particularly in the elementary grades, the modern school does not favor filling out-of-class time with school-type activities. On the other hand, the home can offer many outlets for using and enjoying knowledge acquired at school. Suppose, for instance, that through a science class or school club a child becomes interested in photography. When at all possible, parents should encourage him to pursue the hobby, or, for that matter, any other worthwhile venture.

Youngsters are interesting and congenial people to be enjoyed for themselves alone. As boys and girls grow older, they are interested in many things we adults might profitably learn more about—the daily news, politics, drama, radio, television, sports and so on indefinitely. We dare not indulge in any mental slouching if we are to keep in step with young people.

Parents who go to school with their children will find that they are proud of "their" school—which is as it should be. To realize that, one has only to watch parents at a football or basketball game sometime—they shout as lustily for the team from their child's school, whether he is one of the players or not, as the youngster could possibly do himself! Through their children, school becomes an integral part of parents' lives and they are able to work constructively to improve it.

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Because of the continuing advances in the field of medicine, there are happy endings today to many illnesses that would have been real tragedies only a few years ago. But although these gifts of modern science are now available, too many of us neglect to take advantage of them *in time.*

New drugs, new skills in diagnosis, better methods of treatment are most effective in the *early stages* of illness.

If you are not feeling well, visit your physician and take advantage of his professional advice. Don't wait until it is too late to reap the full benefits of the gifts that medical science has brought within your reach.

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